

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) November 5th, 2024	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp <i>Received</i> <i>12/26/24</i>	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 ²⁴ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

James Ensten

STREET ADDRESS

[REDACTED]

CITY

Lincoln

STATE

CA

ZIP CODE

95648

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilperson

JURISDICTION (LOCATION)

Lincoln

DISTRICT NUMBER
(IF APPLICABLE)

3

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
James Ensten for Lincoln City Council District 3 2024	[REDACTED]	James Ensten

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/26/2024
DATE

By James Ensten
SIGNATURE OF OFFICEHOLDER OR CANDIDATE