

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

RECEIVED  
Date Mar 03 2022  
Filing Office City of Arcata

Please type or print in ink.

CITY OF ARCATA  
CITY MANAGER'S OFFICE

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
White Kimberley Ann

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Arcata

Division, Board, Department, District, if applicable

City Council

Candidate City Council Member

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

Multi-County

County of \_\_\_\_\_

City of Arcata

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Annual: The period covered is January 1, 2021, through December 31, 2021.

Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or- The period covered is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, through December 31, 2021.

The period covered is January 1, 2021, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

The period covered is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

Candidate: Date of Election June 7, 22 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY STATE ZIP CODE

736 F STREET

ARCATA

CA

95521

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(707) 825-2103

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

03/02/2022

Signature

Kimberley White

(File the originally signed paper statement with your filing official.)

Print

Clear