

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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MAR 11 2022
CITY OF ARCATA
CITY MANAGER'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Panta Humnath

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Arcata

City Council Member

Division, Board, Department, District, if applicable

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 2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET 3111 Pomona Ln	CITY Arcata	STATE CA	ZIP CODE 95521
DAYTIME TELEPHONE NUMBER ()		EMAIL ADDRESS hn_pant@yahoo.com		

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 3/11/2022
(month, day, year)

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

Print

Clear

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

Dr. Humaneh Panta

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Cal Poly Humboldt

ADDRESS (Business Address Acceptable)

1 Harpst St., Arcata, CA 95521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

Professor

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

%

None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

HIGHEST BALANCE DURING REPORTING PERIOD

None

Personal residence

\$500 - \$1,000

Real Property _____
 Street address

\$1,001 - \$10,000

City

\$10,001 - \$100,000

Guarantor _____

OVER \$100,000

Other _____

(Describe)

Comments: _____

Print

Clear

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Dr. Humnath Panta

► NAME OF BUSINESS ENTITY

Berkeley Lights Inc

GENERAL DESCRIPTION OF THIS BUSINESS

Utility

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / 21 ____ / 21
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Gulgent Genetics Inc

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / 21 ____ / 21
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Workhorse Group Inc

GENERAL DESCRIPTION OF THIS BUSINESS

Auto

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / 21 ____ / 21
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

National Beverage Corp

GENERAL DESCRIPTION OF THIS BUSINESS

Retail

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / 21 ____ / 21
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Li Auto Inc

GENERAL DESCRIPTION OF THIS BUSINESS

Auto

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / 21 ____ / 21
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / 21 ____ / 21
 ACQUIRED DISPOSED

Comments: _____

Print

Clear