

AUG 02 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	CITY OF ARCATA CITY MANAGER'S OFFICE
White	Kimberley	Ann	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Arcata

Division, Board, Department, District, if applicable

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)

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of <u>Arcata</u>	<input type="checkbox"/> Other _____

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

<input type="checkbox"/> Annual: The period covered is January 1, 2021, through December 31, 2021. -or- The period covered is _____/_____/_____, through December 31, 2021.	<input type="checkbox"/> Leaving Office: Date Left _____/_____/_____ (Check one circle.)
<input type="checkbox"/> Assuming Office: Date assumed _____/_____/_____	<input type="checkbox"/> The period covered is January 1, 2021, through the date of leaving office.
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	<input type="checkbox"/> The period covered is _____/_____/_____, through the date of leaving office.

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

Schedules attached

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> 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)

CITY

STATE

ZIP CODE

7360 F ST

Arcata

ca

95521-6211

DAYTIME TELEPHONE NUMBER

(707) 825-2103

EMAIL ADDRESS

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

08/02/2022
(month, day, year)

Signature

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

Print

Clear