

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable:  
(Month, Day, Year)  
11/8/22

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIVED**  
OCT 03 2022  
CITY OF ARCATA  
CITY MANAGER'S OFFICE

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Meredith Matthews  
STREET ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
AREA CODE/DAY TIME PHONE NUMBER \_\_\_\_\_ OPTIONAL FAX / E-MAIL ADDRESS \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Arcata City Council  
JURISDICTION (LOCATION)  
Arcata  
DISTRICT NUMBER (IF APPLICABLE)

**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
<u>Committee to elect Meredith to Arcata City Council</u>	<u>CA 95521</u>	<u>Sarah Knight</u>

**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 in contributions 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 I have not received any contributions from any person or entity 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 I have not received any contributions from any person or entity during the calendar year and that I have used all reasonable diligence in preparing this statement.

Executed on 9.29.22 DATE

By \_\_\_\_\_

Clear Form

Print Form

