

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) _____ _____ _____	RECEIVED OCT 03 2022 CITY OF ARCATA CITY MANAGER'S OFFICE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Meredith Matthews

STREET ADDRESS

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

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

Committee to elect Meredith
to Arcata City Council

[REDACTED]
CIA asszi

Sarah Knight

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 current 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 9.29.22

DATE

By

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[Print Form](#)