

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

Date Stamp	RECEIVED	CALIFORNIA FORM
JUN 02 2022		470
For Official Use Only		
CITY OF ARCATA CITY MANAGER'S OFFICE		

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Humnath Panta

STREET ADDRESS

CITY

STATE

ZIP CODE

Arcata

CA

95521

AREA CODE/DAYTIME 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

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 and that I will spend less than \$2,000 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 the foregoing is true and correct.

Executed on 6/2/2022

DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE