Officenoider and Candidate Campaign Statement – Short Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Date Stamp  RECEIVE  2022 AUG 10 AN  CITY OF DATA  CITY CLERK'S DEMA	1 9:43
1. Statement Covers Calendar Year 20 22			X =	00044 922
2. Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  WATTHEW PAGENCY  STREET ADDRESS  CITY  AREA CODE/DAYTIME PHONE NUMBER	STATE ZIPCODE  OPTIONAL: FAX/E-MAILADDRESS	3. Office Sought or  OFFICE SOUGHT OR HELD  C: + y  JURISDICTION (LOCATION)  Oana	Held COUNCIL	DISTRICT NUMBER (IF APPLICABLE)
4. Committee Information List all committees of which you have knowledg  COMMITTEE NAME AND I.D. NUMBER	e that are primarily formed to rec	eive contributions or to make expe	enditures on behalf of your	candidacy.  NAME OF TREASURER
5. Verification  I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement.  Executed on DATE	my knowledge I anticipate that I will I certify under penalty of perjury un	receive less than der the laws of th By		lendar year and that I have use

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov