

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp <b>RECEIVED</b>  APR 28 2022  CITY OF ARCATA CITY MANAGER'S OFFICE	<b>CALIFORNIA</b> <b>FORM 470</b>  For Official Use Only
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Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Munnath 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  
Member, City Council Arcata

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Arcata

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>Ronda Hallock</u>	<u>[REDACTED] Arcata, CA 95521</u>	<u>Erin Peterson</u>
<u>Erin <del>R</del> Peterson</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 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 4.28.2022  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE