

Officeholder and Candidate
Campaign Statement –
Short Form

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|--|--|
| Date of election if applicable: (Month, Day, Year) <u>NOVEMBER 8, 2022</u> | <input type="checkbox"/> Amendment (Explain Below) _____ _____ |
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|  | CALIFORNIA FORM 470 |
| | For Official Use Only |

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

THAO PHI

STREET ADDRESS

CITY

UKIAH

STATE

CA

ZIP CODE

95482

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL MEMBER

JURISDICTION (LOCATION)

CITY of UKIAH

DISTRICT NUMBER
(IF APPLICABLE)

2

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

8/11/2022

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE