

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

Date of election if applicable: (Month, Day, Year)  <u>11/08/2016</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  <hr/> <hr/>	Date Stamp	<b>CALIFORNIA FORM 470</b>  For Official Use Only
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1. Statement Covers Calendar Year 20 16.

CITY OF SANTA CLARITA  
2016 OCT 28 AM 11:27

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Matthew J Hargett

STREET ADDRESS  
[REDACTED]

CITY  
[REDACTED]

STATE  
CA

ZIP CODE  
[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

OFFICE SOUGHT OR HELD  
City Councilmember

JURISDICTION (LOCATION)  
Santa Clarita

DISTRICT NUMBER (IF APPLICABLE)  
[REDACTED]

CITY CLERKS OFFICE

**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 10/27/16 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE