Officeholder and Candidate
Campaign Statement –
Short Form

1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Michele Gardner

   STREET ADDRESS
   [Redacted]

   CITY
   Fairfax

   STATE
   CA

   ZIP CODE
   94930

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Town Clerk

   JURISDICTION (LOCATION)
   Town of Fairfax

   DISTRICT NUMBER (IF APPLICABLE)
   N/A

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND ID. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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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 08-09-22
   By [Redacted]

FPCC Form 470/470 Supplement (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov