

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

Date of election if applicable:  
(Month, Day, Year)  
  
November 8th 2022

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**City of Brentwood**  
  
SEP 29 REC'D  
  
City Clerk

**CALIFORNIA FORM 470**  
  
For Official Use Only

**1. Statement Covers Calendar Year 20 22 .**

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
JACOB SINGH  
STREET ADDRESS  
[REDACTED]  
CITY STATE ZIP CODE  
BRENTWOOD CA 94513  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
CITY COUNCIL  
JURISDICTION (LOCATION)  
BRENTWOOD  
DISTRICT NUMBER (IF APPLICABLE)  
4

**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
N/A		
N/A		

**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 in contributions and less than \$2,000 in expenditures in 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 information provided in this statement is true and correct.

Executed on SEPTEMBER 29TH 2022  
DATE

By [REDACTED]