Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
8/6/24		RECEIVED JUL 28 2025 CITY CLERK'S OFFICE CITY OF GALT	For Official Use Only

1. Statement Covers Calendar Year 20 25.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mathew Pratton

STREET ADDRESS
[redacted]

CITY Galt STATE CA ZIP CODE 95632

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Galt City Council

JURISDICTION (LOCATION)
City of Galt

DISTRICT NUMBER (IF APPLICABLE)

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
Mathew Pratton for City ~~of Ga~~ Council 2024	[redacted]	Mathew Pratton

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 7-18-25 (DATE)

By [redacted] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)