1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   
   Susan McSweeney

   STREET ADDRESS
   
   CITY

   STATE

   ZIP CODE

   AREA CODE/DAYTIME PHONE NUMBER

   OPTIONAL: FAX/E-MAIL ADDRESS

   818-706-1613

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   
   City Councilmember

   JURISDICTION (LOCATION)

   City of Westlake Village

   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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND LD. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
</table>

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 statements are true and correct.

   Executed on July 28, 2022

   By: [Signature]

   Date: [Blank]