

FILLMORE CITY DISCLOSURE STATEMENT

TO: Councilmember _____

Pursuant to the requirements contained in the Municipal Officers & Employees Disclosure Act, I am making the following sworn disclosure statement, which is true to the best of my knowledge:

1. Name & City position (please type or print): City Council

2. Name, address, and nature of the business or interest involved: N/A

3. A brief but complete description describing the nature of the incident or event requiring disclosure (use the back of the form if necessary): N/A

4. A brief summary describing the City officer or employee's position in the regulated entity and the precise nature of the interest: N/A

5. The precise nature and value of any change of interest since last disclosure if applicable: N/A

Dated this 5 day of February, 2026.

Michael B Wright
Print Name

[Signature]
Signature

Subscribed and sworn before me this 5th day of February, 2026.

SEAL

[Signature]
Recorder