**7980 Illustration**

(Revised 06/2022)

**REPORT 22 - STATEMENT OF CONTINGENT LIABILITIES**

**Agency/Department Name and Number**

**Fund Name and Number**

**As of June 30, 20XX**

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Contingent Liability Reference or Estimated Amount Estimated Date Comments Identification of Payment

e.g. Federal Audit Exception Federal Audit Dollar Amount By Fiscal Year

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE ATTACHED REPORTS ARE TRUE, ACCURATE AND COMPLETE, AND WERE PREPARED FOLLOWING THE APPLICABLE LAWS, REGULATIONS, POLICIES, PROCEDURES, AND INSTRUCTIONS. I HAVE NOT VIOLATED ANY OF THE PROVISIONS OF ARTICLE 4, CHAPTER 1, DIVISION 4, TITLE 1, GOVERNMENT CODE (COMMENCING WITH SECTION 1090) AND ARTICLE 2, CHAPTER 1, PART 3, DIVISION 3, TITLE 2, GOVERNMENT CODE (COMMENCING WITH SECTION 13030).

Subscribed and executed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20XX at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

CALIFORNIA.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Officer

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type or print name of Officer

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title of Officer