(Revised 03/02)

Agency Name and Number
Fund Name and Number
STATEMENT OF CONTINGENT LIABILITIES - REPORT NO. 22
As of June 30, 20___

Prepared by: _____

Telephone number: _____

Type of Contingent Liability	Reference or Identification	Estimated Amount	Estimated Date of Payment	Comments
ex. Federal Audit Exception	Federal Audit Number	Dollar Amount	By fiscal year	

I certify (or declare) under penalty of perjury that the foregoing is true and correct and that I have not violated any of the provisions of Article 4, Chapter 1, Division 4, Title 1, Government Code (commencing with Section 1090).

Subscribed and executed this ____ day of _____, 20__ at _____ , California.

_____
Signature of Officer

_____
Type or print name of Officer

_____
Title of Officer