

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

Date of election if applicable: (Month, Day, Year)  _____ _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____	Date Stamp <b>RECEIVED</b> JUL 27 2022 CITY OF SUISUN CITY	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 22 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
JANE DAY

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
SUISUN CITY CA 94585

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
SUISUN CITY

**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

**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 in contributions and/or expenditures for the calendar year 2022 and that I have exercised all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided in this statement is true and correct.

Executed on 7/27/22 DATE

