

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp

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AUG - 9 2022

CITY OF SUISUN CITY

**CALIFORNIA**  
**FORM 470**

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

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**Amendment** (Explain Below)

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Alma Hernandez

STREET ADDRESS



3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember

JURISDICTION (LOCATION)

Suisun city

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.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Alma Hernandez for Suisun City Council 2020 #1427432</u>		<u>Shawnda Deane (Deane &amp; company)</u>

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 is true and correct.

Executed on August 9, 2022  
DATE

By   
FOR CANDIDATE