

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

RECEIVED

Date Stamp
JUL 25 2023

CITY OF SUISUN CITY

CALIFORNIA FORM	470
For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 ²³ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL J. McMURRY

STREET ADDRESS

████████████████████ CA 94585

CITY STATE ZIP CODE

SUISUN CITY CA 94585

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

████████████████████

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY TREASURER

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 ID. 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 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 7/24/23 DATE

By ████████████████████