

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

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

2. Officeholder or Candidate Information

3. Office Sought or Held

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]

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 during the calendar year covered by this statement. I certify under penalty of perjury under the laws of the State of California that I have provided all reasonable diligence in preparing this statement.

Executed on 7/27/22 DATE

