Officeholder and Candidate
Campaign Statement –
Short Form

Statement Covers Calendar Year 2022

Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
JANE DAY

STREET ADDRESS

CITY
SUISUN CITY

STATE
CA

ZIP CODE
94585

Office Sought or Held
OFFICE Sought OR HELD
CITY COUNCIL

JURISDICTION (LOCATION)
SUISUN CITY

DISTRICT NUMBER

(If Applicable)

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.

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<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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Verification
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000.00 in contributions OR 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 all information and responses provided in this form are true and correct.

Executed on 7/27/22

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov