1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Mike Hudson
   STREET ADDRESS: 
   CITY: Suisun City
   STATE: CA
   ZIP CODE: 94585
   AREA CODE/DAYTIME PHONE NUMBER: 
   OPTIONAL: FAX/E-MAIL ADDRESS: 

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: City Council Member
   JURISDICTION (LOCATION): City of 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 3/1/2022
   DATE

   By [Signature]

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