

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

Date Stamp

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MAR - 1 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

Mike Hudson

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

Suisun City CA 94585

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

[REDACTED]

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

City of 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 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 information provided is true and correct.

Executed on 3/1/2022 DATE

By [REDACTED]