Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11/08/2022

☐ Amendment (Explain Below)

AUG-1 2022
CITY OF SUISUN CITY

1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Councilmember Wanda Williams

   STREET ADDRESS
   [Redacted]

   CITY STATE ZIP CODE
   Suisun Ca 94585

   AREA CODE/DAYTIME PHONE NUMBER
   [Redacted]

   OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Councilmember

   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 I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER

   [Blank lines]

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 [Redacted] 07/29/2022

   Executed on DATE

   By [Redacted]