

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp

RECEIVED

JUL 30 2024

City of Suisun City

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
THOMAS KAMIN

STREET ADDRESS

CITY / STATE / ZIP CODE
_____/_____/_____

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

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.

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 election 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 30 July 2024
DATE

By _____