

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center; font-size: 1.5em;">11/5/2024</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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<p>Date Stamp</p> <p style="font-size: 1.5em; color: blue;">RECEIVED</p> <p style="font-size: 1.5em; color: red;">OCT 1 2024</p> <p style="color: blue;">City of Suisun City</p>	<p>CALIFORNIA FORM 470</p> <p style="font-size: 0.8em;">For Official Use Only</p>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Kerise Shepherd

STREET ADDRESS
[REDACTED]

CITY [REDACTED] ZIP CODE [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER [REDACTED] CELLPHONE / E-MAIL ADDRESS [REDACTED]

OFFICE SOUGHT OR HELD
City Council Member

JURISDICTION (LOCATION)
Suisun Ca

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
NA		

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 October 1, 2024 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM 470
SUPPLEMENT**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Parise Shepherd

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

[REDACTED]

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

[REDACTED]

2. Office Sought

OFFICE SOUGHT

Swain City Council Member

DISTRICT NUMBER (IF APPLICABLE)

NA

DATE OF ELECTION (MONTH, DAY, YEAR)

11/5/2024

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

NA

(MONTH, DAY, YEAR)