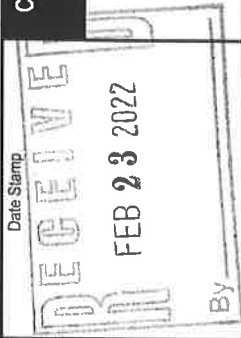


Officeholder and Candidate
Campaign Statement –
Short Form

CALIFORNIA
FORM 470

For Official Use Only



☐ Amendment (Explain Below)

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

June 7, 2022

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Suzanne C. Bermudez

STREET ADDRESS

1054 Ash Street

CITY

Brawley,

AREA CODE/DAYTIME PHONE NUMBER

442-265-1255

STATE ZIP CODE

CA 92227

OPTIONAL: FAX / E-MAIL ADDRESS

mrsberm118@gmail.com

Treasurer-Tax Collector

JURISDICTION (LOCATION)

County of Imperial

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 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

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE