

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

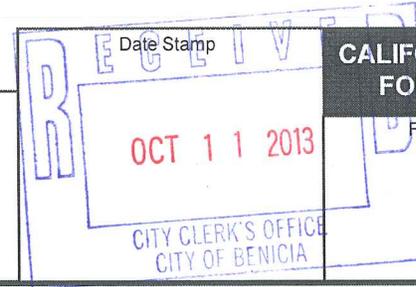
**CALIFORNIA
FORM 470**

For Official Use Only

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

NOV.
2011

Amendment (Explain Below)



1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Hugh. H.R. AUTZ

STREET ADDRESS

268 Marina Village Rd

CITY

Benicia

STATE

CA

ZIP CODE

94510

AREA CODE/DAYTIME PHONE NUMBER

707-745-4905

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

City Treasurer

JURISDICTION (LOCATION)

City of Benicia

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 \$1,000 and that I will spend less than \$1,000 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

10-11-13

DATE

By

HR Autz

SIGNATURE OF OFFICEHOLDER OR CANDIDATE