

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

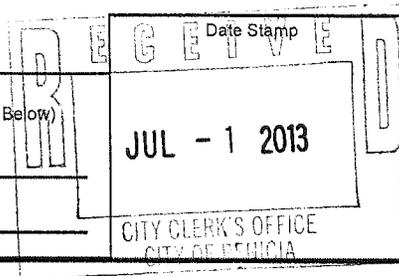
(Government Code Section 84206)

Type or print in ink.

SHORT FORM

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

Amendment (Explain Below)



CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 13

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tom Campbell

STREET ADDRESS
164 East H. St.

CITY STATE ZIP CODE
Benicia Calif. 94510

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
707 745 1994

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Benicia City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Benicia

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
<u>Campbell for Council 2011 #991262</u>	<u>164 E. H. St. Benicia, Calif. 94510</u>	<u>Kerry Carney</u>

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 6/27/13 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE