

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

D E G I S T R A R
Date Stamp
JUN 30 2015
CITY CLERK'S OFFICE
CITY OF BENICIA

**CALIFORNIA
FORM 470**
For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 10/22/14 - 6/30/15

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MARK HUGHES
STREET ADDRESS

CITY STATE ZIP CODE
BENICIA CA 94510
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCILMEMBER
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>NA</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 June 29, 2015
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE