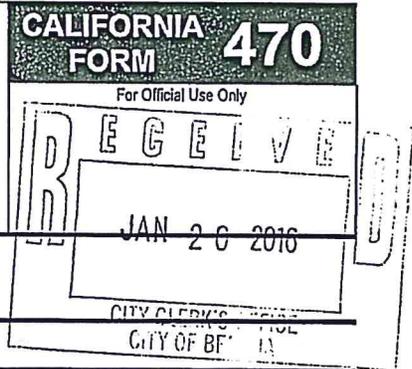


Off ceholder and Candidate  
Campaign Statement -  
Short Form

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

Amendment (Explain Below)

Date Stamp



1. Statement Covers Calendar Year 20 15.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Tom Campbell

STREET ADDRESS  
"

CITY  
Benicia STATE Cal. ZIP CODE 94510

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
City Council Benicia

JURISDICTION (LOCATION)  
Benicia Calif. 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
<u>Tom Campbell for Council 991262</u>	<u>Benicia, Calif.</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 \$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 foregoing is true and correct.

Executed on 1/20/16 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form