

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

Date Stamp RECEIVED DEC 20 2024 CITY MANAGER'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 470
For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) <u>Leaving office</u>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Tom Campbell

STREET ADDRESS
[REDACTED] St.

CITY Benicia STATE Calif. ZIP CODE 94510

AREA CODE/DAYTIME PHONE NUMBER 707 694 6161 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

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 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 12/17/2024 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE