

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

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

RECEIVED

JAN 27 2022

CITY CLERK'S OFFICE
CITY OF BENICIA

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____ _____	_____ _____

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kenneth C. Paulk

STREET ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE
Benicia	Ca	94510

AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS
707 334 0002	

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Treasurer

JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Benicia	

4. Committee Information

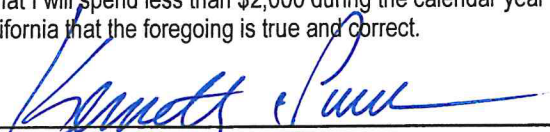
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
none		

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 1/24/22 _____
DATE

By  _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE