

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

Date Stamp	<b>CALIFORNIA FORM 470</b>  For Official Use Only
	

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

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Christina Strawbridge

STREET ADDRESS  
 \_\_\_\_\_

CITY STATE ZIP CODE  
 Benicia CA 945

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
 City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
 Benicia

**4. Committee Information**

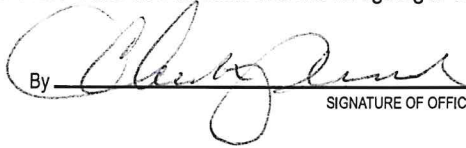
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

**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