

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

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

Amendment (Explain Below)

REGISTRATION

Date Stamp

JUL 8 2014

CITY CLERK'S OFFICE
CITY OF BENICIA

CALIFORNIA 470
FORM

For Official Use Only

1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tom Campbell

STREET ADDRESS
1

CITY
Benicia

STATE
Calif

ZIP CODE
94510

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Benicia City Council

JURISDICTION (LOCATION)
City of Benicia

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>Campbell for Council 2011 # 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 \$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 7/8/14 DATE

B, [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**