

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

**COPY**

Date Stamp	<b>RECEIVED</b> SEP 14 2020 CITY MANAGER'S OFFICE CITY OF BENICIA	<b>CALIFORNIA FORM 470</b> For Official Use Only

Date of election if applicable: (Month, Day, Year)  11/3/2020	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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1. Statement Covers Calendar Year 20 20 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE Tom Campbell		
STREET ADDRESS _____		
CITY Benicia	STATE CA	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	DISTRICT NUMBER (IF APPLICABLE)
JURISDICTION (LOCATION) _____	_____

**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 9/12/2020 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE