Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	RECEIVED Date Stamp SEP 27 2018 CITY CLERK'S OFFICE CITY OF BENICIA	CALIFORNIA FORM 470 For Official Use Only
11/6/2018			

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: William Emes

STREET ADDRESS: [illegible] Ct.

CITY: Benicia | STATE: Ca. | ZIP CODE: 94510

AREA CODE/DAYTIME PHONE NUMBER: [illegible] | OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD: City Council

JURISDICTION (LOCATION): City of Benicia | DISTRICT NUMBER (IF APPLICABLE): N/A

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
N/A		

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 September 27, 2018 (DATE) By [signature] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Clear Form | Print Form