

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

Amendment (Explain Below)

Date Stamp

**CALIFORNIA FORM 470**

For Official Use Only  
**JAN 11 2019**

CITY CLERK'S OFFICE  
CITY OF BENICIA

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
KENNETH C PAUK

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  
\_\_\_\_\_

JURISDICTION (LOCATION) \_\_\_\_\_ 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>NA</u>		

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 JANUARY 11, 2019 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form