

Off ceholder and Candidate
Campaign Statement -
Short Form

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

Amendment (Explain Below)

REGISTRATION
Date Stamp
CALIFORNIA FORM 470
For Official Use Only
JAN - 7 2016
CITY CLERK'S OFFICE
CITY OF BENICIA

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
KENNETH C. PAULK

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE 94510

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

OFFICE SOUGHT OR HELD
TREASURER

JURISDICTION (LOCATION)
Benicia Solano County

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
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 1/7/2016
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form