

COPY

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)

RECEIVED stamp: JAN 14 2019, CALIFORNIA FORM 470, CITY MANAGER'S OFFICE CITY OF BENICIA

1. Statement Covers Calendar Year 20 18 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lisa Wolfe

STREET ADDRESS

Benicia, CA. 94510

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Clerk

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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. All entries are 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.

Executed on January 14, 2019 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form