

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

CALIFORNIA FORM 470
For Official Use Only.

RECEIVED
Date Stamp
JAN 27 2020
CITY CLERK'S OFFICE
CITY OF BENICIA

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 19.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Lisa Wolfe

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Clerk

JURISDICTION (LOCATION) _____ DISTRICT NUMBER (IF APPLICABLE) _____

City of Benicia

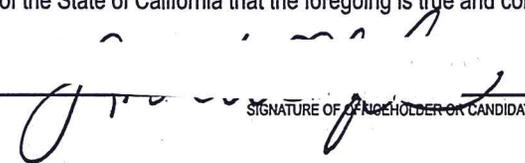
4. Committee Information
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A	N/A	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 January 27, 2020
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**