

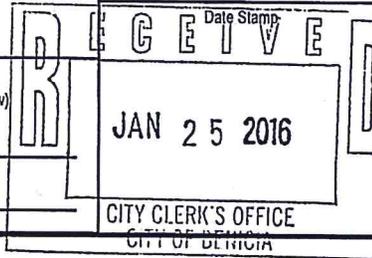
**Officeholder and Candidate  
Campaign Statement -  
Short Form**

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

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Amendment (Explain Below)

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**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 2015.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Lisa Wolfe

STREET ADDRESS

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CITY

Benicia

STATE

CA

ZIP CODE

94510

AREA CODE/DAYTIME PHONE NUMBER

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OPTIONAL: FAX / E-MAIL ADDRESS

N/A

**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.

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 January 20, 2016  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form