

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
Nov. 8, 2016

Amendment (Explain Below)

Date Stamp
SEP 01 2016
City Clerk

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
AL VELASQUEZ FOR COUNCILMAN

STREET ADDRESS
133 BOTTLBRUSH COURT

CITY STATE ZIP CODE
OXNARD CA 93030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 486-9088 VELASQUEZ.SR@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
COUNCILMAN

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CITY OF OXNARD N/A

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

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 August 31, 2016 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form