

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

Received
Oxnard City Clerk

Date Stamp

**CALIFORNIA
FORM 470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
November, 3, 2020

Amendment (Explain Below)

2020 AUG -6 AM 9:29

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
James Aragon

STREET ADDRESS
1364 Ribera Dr

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/DAYTIME PHONE NUMBER
805-263-3343

OPTIONAL: FAX / E-MAIL ADDRESS
james.j.aragon@gmail.com

OFFICE SOUGHT OR HELD
City of Oxnard Treasurer

JURISDICTION (LOCATION)
City of Oxnard

DISTRICT NUMBER
(IF APPLICABLE)
NA

4. Committee Information

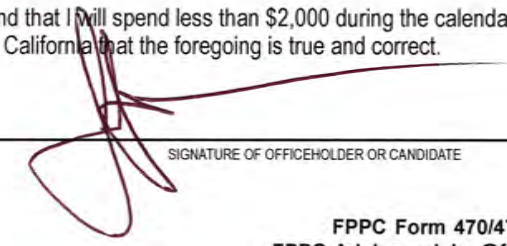
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>None</u>		
<u>None</u>		

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 6, 2020
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE