

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) <u>NOV. 6, 2018</u>	<input type="checkbox"/> Amendment (Explain Below) <u>2018 AUG -8 PM 1:15</u>	Date Stamp Received Oxnard City Clerk 2018 AUG -8 PM 1:15	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
LUIS GARCIA-MORERA

STREET ADDRESS
320 W. BARD RD. OXNARD CA. 93033

CITY STATE ZIP CODE
OXNARD CA 93033

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
213-453-0868 LUISFOROXNARD@JUNO.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL MEMBER - DISTRICT 6

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
OXNARD, CA. 6

4. Committee Information

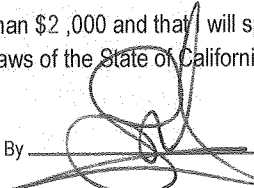
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 8/7/2018
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form