

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp 2015 JUL 29 A 11:49	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 15.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DANIEL MARTINEZ

STREET ADDRESS
1212 KATRINA WAY

CITY OXNARD STATE CA ZIP CODE 93030

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
city clerk

JURISDICTION (LOCATION)
OXNARD

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
<u>Daniel MARTINEZ city clerk, 2016</u>	<u>1212 Katrina Way OXNARD CA 93030</u>	<u>Daniel MARTINEZ</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 July 29 2015 DATE

By Daniel Martinez SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form