

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

(Government Code Section 84206)

Type or print in ink.

| | |
|---|--|
| Date of election if applicable: (Month, Day, Year) <u>11/2/2010</u> | <input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/> |
|---|--|

Date Stamp
 CITY CLERK
 2013 SEP - 9 P 4: 20

CALIFORNIA FORM 470
 For Official Use Only

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
(Maria) Carmen Ramirez

STREET ADDRESS
2081 N. Oxnard Blvd., #150

CITY STATE ZIP CODE
OXNARD CA 93036

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 890-7088

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Oxnard City County

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 |
|--------------------------------|-------------------|-------------------|
| none | | |
| | | |

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 September 8, 2013 DATE

By Maria Carmen Ramirez SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

| | | |
|--|------------|--|
| <input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/> | Date Stamp | CALIFORNIA 470 FORM SUPPLEMENT |
| This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year. | | For Official Use Only |

SEE INSTRUCTIONS ON REVERSE

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

(Maria) Carmen Ramirez

STREET ADDRESS

2081 N. Oxnard Blvd., #150

CITY

Oxnard,

STATE

CA

ZIP CODE

93036

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

City Council

DISTRICT NUMBER
(IF APPLICABLE)

nA

DATE OF ELECTION (MONTH, DAY, YEAR)

November 2, 2010

3. Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

Dec. 7, 2010

(MONTH, DAY, YEAR)

September 9, 2013

Regarding late filing of Form 470

I am filing this form today, September 9, 2013. I was unaware that this form needed to be filed, as the language is confusing on the form with regard to the instructions.

I have not had an active campaign committee in 2013, I have not received any contributions in this year, either, however I do receive a salary for my service on Oxnard City Council, which is more than \$200.

A handwritten signature in cursive script that reads "Maria Carmen Ramirez".

Maria Carmen Ramirez