

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>	<input type="checkbox"/> Amendment (Explain Below) <u>I WAS OUT</u>	Date Stamp CITY OF OXNARD CITY CLERK 2012 OCT 31 A 10:08	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 12.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DESHAY N. FORD

STREET ADDRESS
714 Point Point Way

CITY STATE ZIP CODE
Oxnard, CA 93035

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-832-4106

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Oxnard City Council

JURISDICTION (LOCATION) 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>None</u>	<u>None</u>	<u>None</u>
<u>None</u>	<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 \$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 OCT 31 2012
DATE

By Deshay N. Ford
SIGNATURE OF OFFICEHOLDER OR CANDIDATE