

**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)
11.6.2012

Amendment (Explain Below)

Date Stamp
CITY OF OXNARD
CITY CLERK
2012 NOV -1 P 3:35

CALIFORNIA
FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 2012

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
RUDY Salvio

STREET ADDRESS
121 N. Garfield ave

CITY STATE ZIP CODE
OXNARD CA 93030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-812-1998

3. Office Sought or Held

OFFICE SOUGHT OR HELD
OXNARD city council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
OXNARD

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 \$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 10/20/12
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE