

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">11/4/2014</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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Date Stamp	CALIFORNIA FORM 470
2014 JUL 22 P 4: 23	For Official Use Only

1. Statement Covers Calendar Year 20 2014

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Carmen Ramirez

STREET ADDRESS
631 Ivywood Drive

CITY STATE ZIP CODE
Oxnard CA 93030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805)485-8026

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor Pro Tem/City Council Person

JURISDICTION (LOCATION) <u>City of Oxnard</u>	DISTRICT NUMBER (IF APPLICABLE)
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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		
*(I am running for re-election and am forming a new campaign committee.)		

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 22, 2014 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)

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