Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2020

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Carmen Ramirez

   STREET ADDRESS
   631 Ivywood Drive

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93030

   AREA CODE/DAYTIME PHONE NUMBER
   (805)485-8026

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Mayor Pro Tem/City Council Person

   JURISDICTION (LOCATION)
   City of 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
   None

   COMMITTEE ADDRESS

   NAME OF TREASURER

   *(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

   By

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

   FPPC Form 470/470 Supplement (Jan/2008)
   FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2014

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Carmen Ramirez
   STREET ADDRESS: 631 Ivywood Drive
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93030
   AREA CODE/DAYTIME PHONE NUMBER: (805)485-8026

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: Mayor Pro Tem/City Council Person
   JURISDICTION (LOCATION): City of 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: 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

   By Carmen Ramirez