

**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>6/4/13</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM 470
			For Official Use Only CITY CLERK 2013 MAR -8 P 3:10

1. Statement Covers Calendar Year 20 13.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
VINCENT PAUL BEARENS

STREET ADDRESS
OXNARD

CITY
805 483-1514

AREA CODE/DAYTIME PHONE NUMBER

STATE
CA

ZIP CODE
93030

OPTIONAL: FAX / E-MAIL ADDRESS
VPTBEARENS@VNAHOW.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION)
OXNARD VENTURA COUNTY

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>NO COMMITTEE</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 MARCH 6 2013
DATE

By Vincent Bearens
SIGNATURE OF OFFICEHOLDER OR CANDIDATE