

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">June 4, 2013</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>	<p>Date Stamp</p> <p style="text-align: center;">2013 APR 23 P 12:42</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Orlando Dozier

STREET ADDRESS

437 Forest Park Blvd

CITY

STATE

ZIP CODE

Oxnard

CA

93036

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

805-351-3770

3. Office Sought or Held

OFFICE SOUGHT OR HELD

OXNARD CITY COUNCIL

JURISDICTION (LOCATION)

Oxnard CA

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

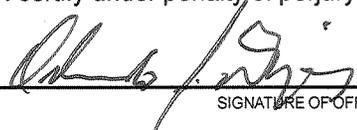
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
ORLANDO DOZIER FOR OXNARD CITY COUNCIL 2013, ID# 1347671	437 Forest Park Blvd, Oxnard CA. 93036	Orlando Dozier

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 April 23, 2013
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE