

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

June 4, 2013

Amendment (Explain Below)

2013 MAR -6 A 9:03

Date Stamp

1. Statement Covers Calendar Year 20 13.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Paul M. RONAN Jr.

STREET ADDRESS

1915 N. H St. #35 Oxn

CITY

OXNARD, Ca.

STATE

CA.

ZIP CODE

93036

AREA CODE/DAYTIME PHONE NUMBER

805 - 485-1865

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember

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	COMMITTEE ADDRESS	NAME OF TREASURER
<u>NONE</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 5, 2013

DATE

By

Paul M. Ronan Jr.
SIGNATURE OF OFFICEHOLDER OR CANDIDATE