Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2015

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Daniel Martinez
   STREET ADDRESS: 1212 Katvina Way
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93030
   PHONE NUMBER: (Optional) FAX/EMAIL ADDRESS:

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: City Clerk
   JURISDICTION (LOCATION): 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: Daniel Martinez
   COMMITTEE ADDRESS: 1212 Katvina Way, Oxnard, CA 93030
   NAME OF TREASURER: Daniel Martinez

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 29, 2015

   [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