Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 20

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE: Daniel Martinez
   STREET ADDRESS: 1212 Katrina Way
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93030
   AREA CODE/DAYTIME PHONE NUMBER:
   OPTIONAL: FAX/E-MAIL ADDRESS:

3. Office Sought or Held

   OFFICE SOUGHT OR HELD: City Clerk
   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: Martinez City Clerk 2016
   COMMITTEE ADDRESS: 1212 Katrina Way
   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 $2,000 and that I will spend less than $2,000 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 7/28/2016
   DATE
   By Daniel Martinez
   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov