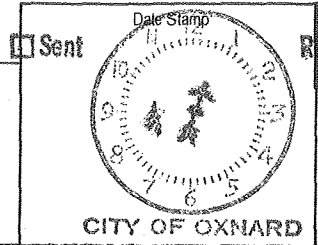


Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)



CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: DANIEL MARTINEZ
STREET ADDRESS: 1212 KATRINA WAY
CITY: OXNARD STATE: CA ZIP CODE: 93030

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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. Row 1: MARTINEZ City Clerk 2016, 1212 KATRINA WAY OXNARD CA 93030, 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.

Executed on 7/28/2016 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form