

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

Date of election if applicable:  
(Month, Day, Year)  
11-8-16

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**AUG 05 2016**  
*City Clerk*

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 \_\_\_\_ .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
PHILLIP S. MOLINA  
STREET ADDRESS  
1723 GABRIELLA DRIVE  
CITY STATE ZIP CODE  
OXNARD CA. 93030  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
805-988-6029 N/A

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
CITY TREASURER  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
CITY OF OXNARD N/A

**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
NONE		
NONE		

**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 JULY 26, 2016  
DATE

By *Phillip S. Molina*  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form