Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 2016

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JOSE TORRES

STREET ADDRESS
911 CAMELLIA ST.

CITY
OXNARD

STATE
CA

ZIP CODE
93036

AREA CODE/DAYTIME PHONE NUMBER
805 205-3311

3. Office Sought or Held

OFFICE SOUGHT OR HELD
OXNARD CITY CLERK

JURISDICTION (LOCATION)

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>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
</table>

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 08/10/16

By [Signature]

DATE

CALIFORNIA FORM 470
For Official Use Only

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