

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

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

Amendment (Explain Below)

Date Stamp

AUG 10 2015
City Clerk
UN

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JOSE TORRES

STREET ADDRESS
911 CAMELLIA ST.

CITY STATE ZIP CODE
OXNARD CA 93036

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805 205-3311

3. Office Sought or Held

OFFICE SOUGHT OR HELD
OXNARD CITY CLERK

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

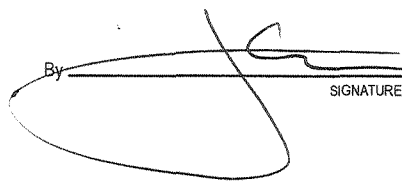
4. Committee Information
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**