Officeholder and Candidate
Campaign Statement -
Short Form

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

1. Statement Covers Calendar Year 20

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   Michelle Ascencio

   STREET ADDRESS
   1981 Jeffreys Place

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93033

   AREA CODE/DAYTIME PHONE NUMBER
   805 212-0166

   OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held
   OFFICE SOUGHT OR HELD
   City Clerk

   JURISDICTION (LOCATION)
   City of Oxnard

   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 8/15/16

   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