Officeholder and Candidate Campaign Statement - Short Form

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

1. Statement Covers Calendar Year 20[Year]

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Alex Rey Rivera
   STREET ADDRESS: 2081 N. Oxnard Blvd. # 375
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/DAYTIME PHONE NUMBER: 805-585-6356
   OPTIONAL: FAX/E-MAIL ADDRESS: alex4cityclerk@gmail.com

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>
<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 [Date]: 8/17/2016

   By: [Signature]

   FPPC Form 470/470 Supplement (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (888/275-3772)
   www.fppc.ca.gov