

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)
Opened Committee
Bank Account

Date Stamp

DM
AUG 29 2016

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michelle Ascencion

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

michelle4oxnardcityclerk@gmail.com

2. Office Sought

OFFICE SOUGHT

City Clerk

DISTRICT NUMBER
(IF APPLICABLE)

N/A

DATE OF ELECTION (MONTH, DAY, YEAR)

November 8, 2016

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

8/27/16

(MONTH, DAY, YEAR)

Clear Form

Print Form