

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable: (Month, Day, Year)  <u>11/08/2016</u>	<input type="checkbox"/> Amendment (Explain Below)  _____ _____	Date Stamp <b>Received</b> <b>Oxnard City Clerk</b>  <b>2016 OCT 13 AM 10:37</b>	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 2016

<b>2. Officeholder or Candidate Information</b> NAME OF OFFICEHOLDER OR CANDIDATE <u>DR. DESHAY DAVID FORD, PH.D</u> STREET ADDRESS <u>1409 HALESIA LANE</u> CITY <u>OXNARD</u> STATE <u>CA.</u> ZIP CODE <u>93030</u> AREA CODE/DAYTIME PHONE NUMBER <u>805-775-5881</u> OPTIONAL: FAX / E-MAIL ADDRESS _____	<b>3. Office Sought or Held</b> OFFICE SOUGHT OR HELD <u>CLERK OF CITY OF OXNARD</u> JURISDICTION (LOCATION) <u>CITY OF OXNARD</u> DISTRICT NUMBER (IF APPLICABLE) _____
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**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
<u>DESHAY D. FORD Comm. ITTEE</u> <u>ELECTION OXNARD CITY</u> <u>CLERK</u>	<u>1409 HALESIA LANE</u> <u>OXNARD, CA. 93030</u>	<u>EDWARD M. FORD</u>

**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 7/21/2016 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form      Print Form