

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

Date of election if applicable:
(Month, Day, Year)
5/01/18

Amendment (Explain Below)

Date Stamp
Received
Oxnard City Clerk
2018 FEB 14 PM 2:14

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. **Officeholder or Candidate Information** Angel Garcia

NAME OF OFFICEHOLDER OR CANDIDATE

513 Corte Jana
STREET ADDRESS

Oxnard CA 93030
CITY STATE ZIP CODE

(805) 815-1451 angel.garcia182@myci.usuci.edu
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
City Council Oxnard, CA

JURISDICTION (LOCATION) DISTRICT NUMBER
Oxnard, CA (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 2/14/18 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form