

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) <u>5-1-18</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp Received Oxnard City Clerk 2018 FEB 12 AM 10:47	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Moderato "Morey" NAVARRO

STREET ADDRESS

2307 SAN MARINO ST. OXNARD CA 93033-3829
~~140 E. P. V. Rd. Oxnard, CA 93033~~

CITY

STATE

ZIP CODE

(805) 377-1234
 AREA CODE/DAYTIME PHONE NUMBER

MORAYNAVE9MAIL.COM
 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

MAYOR

JURISDICTION (LOCATION)

OXNARD

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

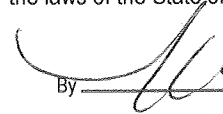
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 2-12-18 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

