

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
May 01, 2018

Amendment (Explain Below)

Date Stamp
Received
Oxnard City Clerk
2018 FEB 14 PM 3:41

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Lee Sumpter
STREET ADDRESS
2154 Olga St.
CITY STATE ZIP CODE
Oxnard, CA 93036
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-701-1926

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MAYOR
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
OXNARD

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 Feb. 08, 2018
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form