

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
MAY 1, 2018

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
Received  
Oxnard City Clerk  
2018 FEB 12 PM 3:39

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
ALFRED VELASQUEZ SR.  
STREET ADDRESS  
133 BOTTLEBRUSH COURT  
CITY STATE ZIP CODE  
OXNARD CA 93030  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(805) 758-5664

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
CITY COUNCIL MEMBER  
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 FEBRUARY 11, 2018 DATE

By Alfred Velasquez SR. SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form