Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: ALFREDO VELASQUEZ SR.
   STREET ADDRESS: 133 BOTTLEBRUSH COURT
   CITY: OXNARD
   ZIP CODE: 93030
   AREA CODE/DAYTIME PHONE NUMBER: (805) 758-5464
   OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: CITY COUNCIL MEMBER
   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 February 11, 2018

   By ____________________________
   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2016)
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