

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

Date of election if applicable: (Month, Day, Year) <u>5-2-18</u>	<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Termination</u>	Date Stamp Received Oxnard City Clerk FEB 10 AM 9:55	CALIFORNIA FORM 470 For Official Use Only PRACTICES COMMISSION 2020 FEB -4 AM 10:11
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Ragan

STREET ADDRESS
500 Hazelwood Dr

CITY STATE ZIP CODE
Oxnard CA 93030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-814 5721

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Oxnard City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Oxnard, CA

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
<u>NONE</u>		

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 January 28, 2020
DATE

By John Ragan
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)