

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

Received
Oxnard City Clerk

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

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

11/3/20

Amendment (Explain Below)

2020 AUG 12 PM 4: 43

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Deirdre Frank

STREET ADDRESS

5244 Seabreeze way

CITY

Oxnard

STATE

CA

ZIP CODE

93035

AREA CODE/DAYTIME PHONE NUMBER

(805) 650-1200

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor

JURISDICTION (LOCATION)

City of Oxnard

DISTRICT NUMBER
(IF APPLICABLE)

N/A

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

August 12, 2020

DATE

By

Deirdre Frank

SIGNATURE OF OFFICEHOLDER OR CANDIDATE