

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

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

11/3/2020

Amendment (Explain Below)

Date Stamp
Received
Oxnard City Clerk
2020 JUL 27 PM 2:56

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Phillip MOCINA

STREET ADDRESS
1723 Gabriella PR Oxnard CA 93030

CITY STATE ZIP CODE
Oxnard CA 93030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-385-7808

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City TREASURER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of 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
<u>/</u>		
<u>/</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 7/27/20
DATE

By Phillip Mocina
SIGNATURE OF OFFICEHOLDER OR CANDIDATE