

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

Date Stamp SAN BUENA VENTURA CITY CLERK	CALIFORNIA FORM 470
'16 SEP 29 A10:46	For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>November 8, 2016</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Graves

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

Ventura CA 93001

AREA CODE/DAYTIME PHONE NUMBER

916-459-8157

OPTIONAL: FAX / E-MAIL ADDRESS

Vote4Graves@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilmember

JURISDICTION (LOCATION)

Ventura

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 September 28, 2016
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Print Form