

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

SAN BUENA VENTURA
CITY CLERK

Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

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

Amendment 16 (Expires 11/16 P2 07)

November 8, 2016

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Graves

STREET ADDRESS

[REDACTED]

CITY

Ventura

AREA CODE/DAYTIME PHONE NUMBER

916-459-8157

STATE

CA

ZIP CODE

93001

OPTIONAL: FAX / E-MAIL ADDRESS

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 August 11, 2016
DATE

By [REDACTED]
OFFICEHOLDER OR CANDIDATE