Officeholder and Candidate Campaign Statement - Short Form

SAN BUENA VENTURA CITY CLERK
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CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable: (Month, Day, Year) 11-8-16

☐ **Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 16 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Shawn Smith

STREET ADDRESS
[redacted]

CITY Ventura STATE Ca ZIP CODE 93004

AREA CODE/DAYTIME PHONE NUMBER 805-798-5697

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Ventura City Council

JURISDICTION (LOCATION)
City of 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
None		

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 [redacted] 10/12/16
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form