

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

Date of election if applicable: (Month, Day, Year) <u>11/3/2020</u>	<input type="checkbox"/> Amendment (Explain Below) <u>2020 AUG - 6 PM 5:12</u>	Date Stamp Oxnard City Clerk <u>2020 AUG - 6 PM 5:12</u>	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Rose Chaparro

CITY STATE ZIP CODE
Oxnard, CA 93033

ALTERNATE DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 612-2256

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Clerk

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>n/a</u>		
<u>n/a</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 6, 2020
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE