

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

Date of election if applicable:
(Month, Day, Year)
11-6-18

Amendment (Explain Below)

Date Stamp
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CITY OF SIMI
2018 AUG 10 AM 11:37
OFFICE OF CITY CLERK
BY *K. Spang*

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BRIAN WILSON

STREET ADDRESS

CITY STATE ZIP CODE
Simi VALLEY CA 93065

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Simi VALLEY N/A

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 8-10-18 DATE

By *BWL* SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form