

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

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

November, 3rd, 2020

Amendment (Explain Below)

Date Stamp

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CITY OF SIMI VALLEY

2020 SEP 25 AM 8:35

OFFICE OF CITY CLERK

Jenna Smith

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Brandon Fortuna

STREET ADDRESS

CITY STATE ZIP CODE

Simi Valley CA 93065

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

n/a

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor

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
n/a	n/a	n/a
n/a	n/a	n/a

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 09/22/2020 DATE

By Brandon F SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> Amendment (Explain Below) _____ _____

Date Stamp

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This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	

2. Office Sought

OFFICE SOUGHT	DISTRICT NUMBER (IF APPLICABLE)
DATE OF ELECTION (MONTH, DAY, YEAR)	

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)

Clear Form

Print Form