

Officeholder and Candidate
Campaign Statement –
Short Form

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

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Robert C Clarizio

STREET ADDRESS

CITY STATE ZIP CODE
Simi Valley Ca 93063

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

OFFICE SOUGHT OR HELD
Simi Valley Mayor

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Simi Valley

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 9/23/20
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE