

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

RECEIVED
CITY OF SIMI VALLEY

Date Stamp
2020 SEP 24 PM 4: 48
OFFICE OF CITY CLERK
BY ve

**CALIFORNIA
FORM 470**
For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11/3/2020</u></p>	<p><input checked="" type="checkbox"/> Amendment (Explain Below)</p> <p><u>Left out election date</u></p>
---	--

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robert C. Clarizio

STREET ADDRESS

CITY Simi Valley STATE Ca. ZIP CODE 93063

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor

JURISDICTION (LOCATION) Simi Valley 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

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 9/24/2020
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE