

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

Date of election if applicable: (Month, Day, Year)  <div style="font-size: 1.5em; font-family: cursive;">11/8/2022</div>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  <hr/> <hr/>
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Date Stamp <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">2022 SEP 29 PM 11:35 CITY OF SIMI VALLEY CLERK</div> <div style="font-size: 2em; font-family: cursive; color: blue;">[Signature]</div>	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  

Robert Clarizio

STREET ADDRESS  

Simi Valley Ca 93063

CITY STATE ZIP CODE  

Simi Valley Ca 93063

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

**3. Office Sought or Held**

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
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 9/29/22  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE