

Officeholder and Candidate
Campaign Statement –
Short Form

| | |
|---|---|
| Date of election if applicable: (Month, Day, Year) <u>11/8/22</u> | <input type="checkbox"/> Amendment (Explain Below) _____ _____ |
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| Date Stamp 2022 OCT 4 PM 1:00 CITY OF SIMI VALLEY CLERK | CALIFORNIA FORM 470 For Official Use Only |
|---|--|

1. Statement Covers Calendar Year 20 22.

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| 2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>Scott Enright</u> STREET ADDRESS _____ CITY STATE ZIP CODE _____ <u>CA</u> <u>93065</u> _____ AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS | 3. Office Sought or Held OFFICE SOUGHT OR HELD <u>City Council</u> JURISDICTION (LOCATION) <u>Simi Valley</u> DISTRICT NUMBER (IF APPLICABLE) <u>4</u> |
|--|--|

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 |
|--------------------------------|-------------------|-------------------|
| <u>N/A</u> | | |

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 10/8/22 DATE

By SAGE SIGNATURE OF OFFICEHOLDER OR CANDIDATE