

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

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

**Amendment** (Explain Below)

Date Stamp  
RECEIVED  
CITY OF SIMI VALLEY  
2015 JUL 21 AM 9:07  
OFFICE OF CITY CLERK  
BY *[Signature]*

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 15

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Steven T. Sojka

STREET ADDRESS

CITY

Simi Valley

AREA CODE/DAYTIME PHONE NUMBER

(805) 583-6701

STATE

CA

ZIP CODE

93065

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

City of Simi Valley

DISTRICT NUMBER  
(IF APPLICABLE)

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

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 7/20/2015  
DATE

By *[Signature]*  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

FPPC Form 470/470 Supplement (Jan/2008)  
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov