

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

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CITY OF SIMI VALLEY
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BY: *Ky Spang*

CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/8/16

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Clay McCarter

STREET ADDRESS
Simi Valley, CA 93063

CITY STATE ZIP CODE

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember

JURISDICTION (LOCATION)
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
<u>N/A</u>	<u>N/A</u>	<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 August 17, 2016
DATE

By *Clay McCarter*
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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