

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

RECEIVED
CITY OF SIMI VALLEY
Date Stamp
2018 SEP 26 PM 4: 25
OFFICE OF CITY CLERK
BY *Linda Shortell*

**CALIFORNIA
FORM 470**
For Official Use Only

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

11/6/2018

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 18 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Victoria Catherine Wright

STREET ADDRESS

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
City Council (candidate)

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Simi Valley 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
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 \$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 9/26/2018
DATE

By *Victoria Catherine Wright*
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**