

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

Date of election if applicable: (Month, Day, Year) <u>11/3/2020</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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RECEIVED Date Stamp CITY OF SIMI VALLEY	CALIFORNIA FORM 470
2020 SEP 24 PM 4:44	For Official Use Only
OFFICE OF CITY CLERK BY <i>slc</i>	

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ROBBIE HIDALGO

STREET ADDRESS

CITY STATE ZIP CODE
SIMI VALLEY CA 93065

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MAYOR

JURISDICTION (LOCATION) <u>SIMI VALLEY</u>	DISTRICT NUMBER (IF APPLICABLE) <u>N/A</u>
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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
COMMITTEE TO ELECT ROBBIE HIDALGO FOR MAYOR 2020 (ID #1430600)	, SIMI VALLEY, CA 93062-0300	LISA TRENT

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 SEPTEMBER 23, 2020 DATE

By *Robbie Hidalgo* SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form