Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2014

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Keith Mashburn (Officeholder)

   STREET ADDRESS

   CITY STATE ZIP CODE

   AREA CODE/DAYTIME PHONE NUMBER
   (805) 583-6701

   OPTIONAL: FAX/ E-MAIL ADDRESS
   kmashburn@simivalley.org

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   City Council Member

   JURISDICTION (LOCATION)
   City of Simi Valley

   DISTRICT NUMBER
   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
   N/A

   COMMITTEE ADDRESS
   N/A

   NAME OF TREASURER

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 07/29/2014

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE

   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