

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

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

N/A

Amendment (Explain Below)

RECEIVED
CITY OF SIMI VALLEY
Date Stamp
2014 JUL 29 PM 3:00
OFFICE OF CITY CLERK
BY *[Signature]*

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 14.

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
(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	

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
DATE

By *[Signature]*
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form