

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

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

Amendment (Explain Below)

Date Stamp
SAN BUENA VENTURA
CITY CLERK

CALIFORNIA
FORM **470**

For Official Use Only

17 JUL 25 P 4:15

1. Statement Covers Calendar Year 20 17.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael J. Tracy

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-815-9009

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Ventura

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
NONE		

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 law that the information provided is true and correct.

Executed on July 24, 2017
DATE

By [REDACTED]
OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**