

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

Date of election if applicable: (Month, Day, Year)  <u>N/A</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____	Date Stamp <b>RECEIVED</b>  <b>JUL 30 2020</b>  CITY CLERK'S DIVISION CITY OF MOORPARK	<b>CALIFORNIA FORM 470</b>  For Official Use Only
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1. Statement Covers Calendar Year 20 20.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Ken Simons

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

Moorpark CA 93021

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

(805) 517-6222 ksimons@moorparkca.gov

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Moorpark City Council, Councilmember

JURISDICTION (LOCATION)

Moorpark, CA

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	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 7/28/20 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form