

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

RECEIVED CALIFORNIA FORM 470

SEP 24 2020
CITY CLERK'S DIVISION
CITY OF MOORPARK

For Official Use Only

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

11/03/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Cristian Gonzaga

STREET ADDRESS

[Redacted]

CITY

Moorpark

AREA CODE/DAYTIME PHONE NUMBER

[Redacted]

CA 93021

STATE

ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Moorpark

DISTRICT NUMBER
(IF APPLICABLE)

4

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 ID. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|-------------------------------|------------------------------|-------------------|
| Gonzaga for 2020 | [Redacted] Moorpark CA 93021 | Cristian Gonzaga |
| | | |

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 09/23/2020
DATE

By [Redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form