

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

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

Amendment (Explain Below)



CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 21 ^{PR}

2. Officeholder or Candidate Information RICHARD ROLLINS

NAME OF OFFICEHOLDER OR CANDIDATE
 STREET ADDRESS
PORT HUENEME CA 93041
 CITY STATE ZIP CODE
 AREA CODE/DAYTIME PHONE NUMBER
 OPTIONAL: FAX / E-MAIL ADDRESS RICHROLLINS@ME.COM

3. Office Sought or Held CITY COUNCIL PERSON

OFFICE SOUGHT OR HELD
CITY OF PORT HUENEME CA
 JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

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

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 August 17, 2022
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE