

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

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

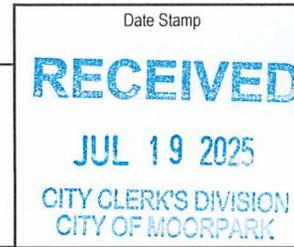
N/A

**Amendment** (Explain Below)

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**CALIFORNIA  
FORM 470**

For Official Use Only

**1. Statement Covers Calendar Year 20** 25 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Renee Delgado

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Moorpark CA 93021

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Moorpark District 1

**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               |
|                                |                   |                   |

**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 6/30/2025  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form