

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

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

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**Amendment** (Explain Below)

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Date Stamp

AUG 17 2016

City Clerk  
LIT

**CALIFORNIA  
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 16.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Peter De Domenicis

STREET ADDRESS  
1024 Corte Primavera

CITY STATE ZIP CODE  
Oxnard CA 93030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(805) 479-8090 peter.dedomenicis@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Clerk

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Oxnard

**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 laws of the State of California that the foregoing is true and correct.

Executed on 8/17/16 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form