

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Received contribution
over \$2,000

Date Stamp

SEP 19 2016

**CALIFORNIA
FORM 470**

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Peter De Domenico

STREET ADDRESS

1024 Corte Primavera

CITY

Oxnard

STATE

CA

ZIP CODE

93030

AREA CODE/DAYTIME PHONE NUMBER

(805) 479-8090

OPTIONAL: FAX / E-MAIL ADDRESS

peter.de.domenico@gmail.com

2. Office Sought

OFFICE SOUGHT

Oxnard City Clerk

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11/8/16

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)

9/18/14

Clear Form