

Received
Oxnard City Clerk

2016 OCT -6 PM 4: 23

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) 11/08/2016	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 2016

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Enrique Petris

STREET ADDRESS
1010 Azalea St.

CITY STATE ZIP CODE
Oxnard CA 93036

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 512-2578

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Oxnard City Council

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
No committee established.		

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 10/06/2016 DATE

By Enrique Petris SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form

Handwritten notes at the top of the page, including "10/10/16" and "10/10/16".

Officeholder and Candidate Campaign Statement - Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Date Stamp

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
Enrique Petris
STREET ADDRESS
1010 Azalea St.
CITY STATE ZIP CODE
Oxnard CA 93036
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 512-2578

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)
Oxnard City council
DATE OF ELECTION (MONTH, DAY, YEAR)
11/08/2016

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

contributions & expense < \$2000
(MONTH, DAY, YEAR)

Clear Form

Print Form



Handwritten date: 10/10/16