## Received Oxnard City Clerk

2016 OCT -6 PM 4: 23

Officeholder and Candidate Campaign Statement - Short Form					Date Stamp	CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)			FORM TIU		
		11/08/2016						
1.	Statement Covers Calendar Year 2	0 2016.						
2.	Officeholder or Candidate Information 3. Office Sought of				or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE	i.D						
	Enrique Petris	uncil						
	STREET ADDRESS			JURISDICTION (LOCATION	)	DISTRICT NUMBER (IF APPLICABLE)		
	1010 Azalea St.		wikeliwiniwasana ana ana ana ana	Oxnard	gymaling feliad (Mellah) kan kinapid (Mallapin menyakkan palapin kupun kepangan pengapan kepangan kepangan kep			
	CITY	STATE ZIP COD						
	Oxnard  AREA CODE/DAYTIME PHONE NUMBER	CA 9303  OPTIONAL: FAX/E-MAIL/						
	(805) 512-2578	OFTIONAL, PAATE-MAILE	IUURESS		,			
tomatomato								
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 COMMITTE			_				
	No committee established.	<u> </u>				NOT DE CONTROLES OFFICE POR CONTROLES OF THE CONTROL OF THE CONTRO		
	140 committee established,							
********								
E.	Verification							
Э.	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.							
	, , , , , , , , , , , , , , , , , , ,	,	DA.					
	Executed on			By Surgre level				
	DATE			, (	SIGNATURE OF OFFICEHOL	DER OR CANDIDATE		
	Clear Form Print Form					FPPC Form 470/470 Supplement (Jan/20		

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov



Officeholder and Candidate Campaign Statement - Form 470 Supplement	Amendment (Explain Below)	Date Slamp	FORM 470
SEE INSTRUCTIONS ON REVERSE		nomb	For Official Use Only
This form is written notification that the officeholder/candidate listed below has record or has made expenditures of \$2,000 or more during the calendar year.	eived contributions totaling \$2,000 or mo	re	
1. Officeholder or Candidate Information			
NAME OF OFFICEHOLDER OR CANDIDATE		De terrefar en sy greek kenne de like til de ti De til de ti	
Enrique Petris STREET ADDRESS			
1010 Azalea St.			
CITY STATE	ZIP CODE		
Oxnard CA.	93036		
AREA CODE/DAYTIME PHONE NUMBER OPTION	AL: FAX/E-MAILADDRESS		
(805) 512-2578			
2. Office Sought			
OFFICE SOUGHT	DISTRICT N (IF APPLICA		
Oxnard City council			
DATE OF ELECTION (MONTH, DAY, YEAR)	ом в при		tarang carban errando an errando de carban de el carban de destructura en el este de el en en en el en el entre el entre el entre en el en el entre
11/08/2016			
3. Date Contributions Totaling \$2,000 or More Were Received contributions & expense < \$2000 (MONTH. DAY, YEAR)	ed or Date Expenditures of \$2,	,000 or More Were Mad	a ·
Clear Form Print Form			

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