Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/04/2014

Amendment [Explain Below]

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ENRIQUE PETRIS

STREET ADDRESS
1010 AZALEA ST CA 93036

CITY
OXNARD

STATE
CA

ZIP CODE
93036

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MAYOR

JURISDICTION (LOCATION)
OXNARD

DISTRICT NUMBER (IF APPLICABLE)

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</table>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 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 07/28/2014

By ENRIQUE PETRIS

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2008)
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov