

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

Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp 2014 JUL 28	CALIFORNIA FORM 470 For Official Use Only P 4: 19
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1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Enrique Petris

STREET ADDRESS
1010 AZALEA ST CA 93036
CITY STATE ZIP CODE

OXNARD
AREA CODE/DAYTIME PHONE NUMBER

(805) 512-2578
OPTIONAL: FAX / E-MAIL ADDRESS

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.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>		
<u>N/A</u>		

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 DATE

By Enrique Petris SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form