

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM **470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>NOV. 6, 2012</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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Date Stamp

2014 JUL 31 P 2:39

1. Statement Covers Calendar Year 20 14 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DORINAMARIE PADILLA

STREET ADDRESS

2935 FOURNIER ST CA 93033

CITY

OXNARD

STATE

CA

ZIP CODE

93033

AREA CODE/DAYTIME PHONE NUMBER

(805) 844-4501

OPTIONAL: FAX / E-MAIL ADDRESS

pdorinamari@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City of Oxnard Council member

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>DORINA Padilla, Oxnard City Council, 2012 Committee ID # 1351671</u>	<u>2935 FOURNIER ST OXNARD, CA 93033</u>	<u>DORINAMARIE Padilla</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 July 31, 2014
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE