

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p>N/A</p>	<p><input checked="" type="checkbox"/> Amendment (Explain Below)</p> <p>[Elected Official Filing - Pg 5-5 Camp. Discl. Manual 2007]</p>	<p>Date Stamp</p> <p>2014 SEP -4 P 5:45</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
--	--	---	--

1. Statement Covers Calendar Year 20 2013.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Bert E. Perello

STREET ADDRESS

2391 Redwing Lane

CITY

Oxnard

STATE

CA

ZIP CODE

93036

AREA CODE/DAYTIME PHONE NUMBER

(805) 240-6194

OPTIONAL: FAX / E-MAIL ADDRESS

electbertperello@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Member, City Council

JURISDICTION (LOCATION)

City of Oxnard

DISTRICT NUMBER
(IF APPLICABLE)

N/A

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
Bert Perello for City Council - 2013 I.D. #1343185	2391 Redwing Lane Oxnard, CA 93036	John Tolian

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 9-3-14
DATE

By Bert E Perello
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form