

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

(Government Code Section 84208)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) <u>11-06-2012</u>	<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Received no contribution</u>	Date Stamp CITY OF OXNARD CITY CLERK 2012 OCT 25 P 12:08	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 12.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MANUEL C. ALTOBANO

STREET ADDRESS
OXNARD, CA 93033-8353

CITY STATE ZIP CODE
OXNARD CA 93033-8353

AREA CODE/DAYTIME PHONE NUMBER
(805) 816-5653

OPTIONAL: FAX / E-MAIL ADDRESS
MSAltoban@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION)

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
NONE	NONE	NONE
,	,	,

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 25 Oct 2012
 DATE

By Manuel C. Altobano
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE