Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 20

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Dorinamarie Padilla

   STREET ADDRESS
   2935 Fournier ST

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93033

   AREA CODE/DAYTIME PHONE NUMBER
   805-487-1499

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   Council Member

   JURISDICTION (LOCATION)
   City of 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
   Dorinamarie Padilla, Oxnard City Council, 2012

   COMMITTEE ADDRESS
   2935 Fournier ST
   Oxnard, CA 93033

   NAME OF TREASURER
   Dorinamarie Padilla

5. Verification

   I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 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 07/28/16

   DATE

   By

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE