

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

Date of election if applicable: (Month, Day, Year) <hr/>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp JUL 28 2015 10:10 am. City Clerk Ltr.
		CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 16.

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

OPTIONAL: FAX / E-MAIL ADDRESS

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	COMMITTEE ADDRESS	NAME OF TREASURER
Dorina Padilla, Oxnard City COUNCIL, 2012 Committee ID #13511671	2935 Fournier ST Oxnard, CA 93033	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

Clear Form

Print Form