

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

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp AUG - 1 2016 <i>City Clerk LR</i> <i>4:55pm.</i>	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 16 .

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>Bert E. Perello</u> STREET ADDRESS <u>2391 Redwing Lane</u> CITY STATE ZIP CODE <u>Oxnard CA 93036</u> AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS <u>(805) 240-6194 perellobert@gmail.com</u>	3. Office Sought or Held OFFICE SOUGHT OR HELD <u>City Councilman</u> JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) <u>City of Oxnard N/A</u>
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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 Existing in 2016		

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 July 31, 2016 DATE

By Bert E Perello SIGNATURE OF OFFICEHOLDER OR CANDIDATE