1. Statement Covers Calendar Year 2016

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

AL VELASQUEZ FOR COUNCILMAN

STREET ADDRESS

133 BOTTLEBRUSH COURT

CITY

OXNARD

STATE

CA

ZIP CODE

93030

AREA CODE/DAYTIME PHONE NUMBER

(805) 486-9088

OPTIONAL: FAX/E-MAIL ADDRESS

VELASQUEZ.SR@GMAIL.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD

COUNCILMAN

JURISDICTION (LOCATION)

CITY OF OXNARD

DISTRICT NUMBER

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND L.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
</table>

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 August 31, 2016

Signature:

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advocate: advice@fppc.ca.gov (888/275-3772)
www.fppc.ca.gov