This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Peter De Domenico

STREET ADDRESS
1024 Corte Primavera

CITY
Oxnard
STATE
CA
ZIP CODE
93030

AREA CODE/DAYTIME PHONE NUMBER
(805) 479-8090

OPTIONAL: FAX/E-MAIL ADDRESS
peter.de.domenico@gmail.com

2. Office Sought

OFFICE SOUGHT
Oxnard City Clerk

DATE OF ELECTION (MONTH, DAY, YEAR)
11/8/16

DISTRICT NUMBER (IF APPLICABLE)

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

9/10/14

(MONTH, DAY, YEAR)