Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2016

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Armando Sepulveda
   STREET ADDRESS: 901 Ebony Drive
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93036

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: Mayor
   JURISDICTION (LOCATION): Oxnard, CA
   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

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 11 OCT 2016
   By

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov