

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

Date of election if applicable: (Month, Day, Year)  November 8, 2016	<input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below) July 1 - September 24, 2016
---	---

Received Oxnard City 2016 OCT 24 PM 2:15	<b>CALIFORNIA FORM 470</b> For Official Use Only
--	---

1. Statement Covers Calendar Year 20 16.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
David Albanese

STREET ADDRESS  
1933 South F Street

CITY	STATE	ZIP CODE
Oxnard	CA	93030

AREA CODE/DAYTIME PHONE NUMBER      OPTIONAL: FAX / E-MAIL ADDRESS  
(805) 947-6370

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Oxnard City Council

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

**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 10/24/16  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate  
Campaign Statement -  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<p><b>Amendment</b> (Explain Below)</p> <hr/> <hr/>	<p>Date Stamp</p>	<p><b>CALIFORNIA FORM 470</b></p> <p>For Official Use Only</p>
---	-------------------	--

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		
David Albanese		
STREET ADDRESS		
1933 South F Street	CA	
CITY	STATE	ZIP CODE
Oxnard	CA	93030
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
(805) 947-6370		

**2. Office Sought**

OFFICE SOUGHT	DISTRICT NUMBER (IF APPLICABLE)
Oxnard City Council	
DATE OF ELECTION (MONTH, DAY, YEAR)	
November 8, 2016	

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

10/24/16  
(MONTH, DAY, YEAR)