

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

Received
Oxnard City Clerk
2016 OCT 26 PM 5: 23

CALIFORNIA FORM 470 <small>For Official Use Only</small>
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Date of election if applicable: <small>(Month, Day, Year)</small> 11-8-2016	<input type="checkbox"/> Amendment <small>(Explain Below)</small> <hr/> <hr/>
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1. Statement Covers Calendar Year 20 _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Bryan Patino

STREET ADDRESS
2535 Northbrook Drive

CITY	STATE	ZIP CODE
Oxnard	CA	93036

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-490-9165

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Clerk

JURISDICTION (LOCATION) Oxnard	DISTRICT NUMBER (IF APPLICABLE)
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4. Committee Information

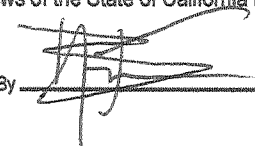
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 Oct 25, 2016 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form