

Officeholder and Candidate
Campaign Statement -
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> Amendment (Explain Below)	Date Stamp Received Oxnard City Clerk 2016 OCT 26 PM 5: 28	CALIFORNIA FORM 470 For Official Use Only
--	--	---

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 Armando Sepulveda			
STREET ADDRESS 901 Ebony Drive			
CITY Oxnard	STATE CA	ZIP CODE 93030	
AREA CODE/DAYTIME PHONE NUMBER (805) 952-9046		OPTIONAL: FAX / E-MAIL ADDRESS Sepulveda 4change 2016 @gmail.com	

2. Office Sought

OFFICE SOUGHT Mayor of Oxnard	DISTRICT NUMBER (IF APPLICABLE)
DATE OF ELECTION (MONTH, DAY, YEAR) 11-8-2016	

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

10-22-2016
(MONTH, DAY, YEAR)

Clear Form

Print Form