Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/08/2016

Amendment [Enter Below]

Revised:

Office Covering Calendar Year 2016

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Enrique Petris

STREET ADDRESS
1010 Azalea St.

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/DAYTIME PHONE NUMBER
(805) 512-2578

3. Office Sought or Held
OFFICE Sought OR HELD
Oxnard City Council

JURISDICTION (LOCATION)
Oxnard

DISTRICT NUMBER

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>No committee established.</td>
<td></td>
<td></td>
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</tbody>
</table>

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 diligences 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.

Signed:

[Signature]

Enrique Petris

[Signature]

Date: 10/06/2016

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (888/276-3773)
www.fppc.ca.gov
Officeholder and Candidate Campaign Statement - Form 470 Supplement

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
Enrique Petris

STREET ADDRESS
1010 Azalea St.

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/GA/TIME PHONE NUMBER
(805) 512-2578

OPTIONAL: FAX/E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT
Oxnard City council

DISTRICT NUMBER

DATE OF ELECTION (MONTH, DAY, YEAR)
11/08/2016

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

CONTRIBUTIONS & EXPENSE <$2000
(NORTH, DAY, YEAR)

Clear Form
Print Form

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/276-3772)
www.fppc.ca.gov

10/10/16