

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

Received
Oxnard City Clerk

Date Stamp
AUG - 1 2016
4:20 PM
Clerk
4:33pm

Received
CALIFORNIA FORM 470
Official Use Only

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain below)

1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Bert E. Perello

STREET ADDRESS
2391 Redwing Lane

CITY STATE ZIP CODE
Oxnard CA 93036

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 240-6194 perellobert@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Councilman

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Oxnard N/A

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
None Existing in 2016		

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 July 31, 2016
DATE

By Bert E Perello
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

