Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 2016

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE
   Bert E. Perello
   STREET ADDRESS
   2391 Redwing Lane
   CITY
   Oxnard
   STATE
   CA
   ZIP CODE
   93036
   AREA CODE/DAYTIME PHONE NUMBER
   (805) 240-6194
   OPTIONAL: FAX/E-MAIL ADDRESS
   perelloburt@gmail.com

3. Office Sought or Held

   OFFICE SOUGHT OR HELD
   City Councilman
   JURISDICTION (LOCATION)
   City of Oxnard
   DISTRICT NUMBER (IF APPLICABLE)
   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
   None Existing in 2016
   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 July 31, 2016
   By Bert E. Perello

FPPC Form 470/470 Supplement (Jan/2016)
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