Officeholder and Candidate Campaign Statement - Short Form

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

☐ Amendment (Explain Below)

2017 JUL 31 PM 5:10

1. Statement Covers Calendar Year 2017-01.

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 perellobert@gmail.com

3. Office Sought or Held

OFFICE Sought OR HELD City Councilman

JURISDICTION (LOCATION) City of Oxnard

DISTRICT NUMBER N/A (IF APPLICABLE)

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 Committees Existed During the Six Month Period of January 1 through June 30, 2017</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</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 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, 2017

By Bert E. Perello

SIGNATURE OF OFFICEHOLDER OR CANDIDATE