

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

Received
Oxnard City Clerk
2017 JUL 31 PM 5:10

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|--------------------------------|
| CALIFORNIA FORM 470 |
| For Official Use Only |

| | |
|---|---|
| Date of election if applicable: (Month, Day, Year) | <input type="checkbox"/> Amendment (Explain Below) |
| | |

1. Statement Covers Calendar Year 20 17-01

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) <u>City of Oxnard</u> | DISTRICT NUMBER (IF APPLICABLE) <u>N/A</u> |
|--|---|

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 |
|--|-------------------|-------------------|
| No Committees Existed During the Six Month Period of January 1 through June 30, 2017 | N/A | N/A |
| | | |

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
DATE

By Bert E Perello
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form