

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

Date of election if applicable: (Month, Day, Year)  <u>May 01, 2018</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  <hr/> <hr/>	Date Stamp <b>Received</b> <b>Oxnard City Clerk</b>  <b>2018 FEB 12 PM 4: 43</b>	<b>CALIFORNIA FORM 470</b> For Official Use Only
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**1. Statement Covers Calendar Year 20** 2018

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Enrique Petris

STREET ADDRESS  
1010 Azalea St.

<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
<u>Oxnard</u>	<u>CA</u>	<u>93036</u>

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

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Council

<small>JURISDICTION (LOCATION)</small> <u>City of Oxnard- County of Ventura</u>	<small>DISTRICT NUMBER (IF APPLICABLE)</small>
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**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.

<small>COMMITTEE NAME AND I.D. NUMBER</small>	<small>COMMITTEE ADDRESS</small>	<small>NAME OF TREASURER</small>
N/A	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 02/09/2018 <sup>2</sup> DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Clear Form**      **Print Form**