Officeholder and Candidate
Campaign Statement –
Short Form
(Government Code Section 84206)

Type or print in ink.

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

June 4, 2013

Amendment (Explain Below)

2013 MAR 6 A 9:03

For Official Use Only

1. Statement Covers Calendar Year 2013.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paul M. Ronan Jr.

STREET ADDRESS
1915 N. H St. #35

CITY Oxnard

STATE CA.

ZIP CODE 93036

AREA CODE/DAYTIME PHONE NUMBER
805-485-1865

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember

JURISDICTION (LOCATION)
City of Oxnard

DISTRICT NUMBER

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>None</td>
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5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 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 March 5, 2013

By

Signature of Officeholder or Candidate

FPPC Form 470/470 Supplement (January/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)