1. **Statement Covers Calendar Year 2016**

2. **Officeholder or Candidate Information**
   - **NAME OF OFFICEHOLDER OR CANDIDATE**: JONATHAN ROYAS
   - **STREET ADDRESS**: 818 ENTRADA DRIVE
   - **CITY**: OXNARD
   - **STATE**: CA
   - **ZIP CODE**: 93030
   - **AREA CODE/DAYTIME PHONE NUMBER**: 805-394-8110

3. **Office Sought or Held**
   - **OFFICE SOUGHT OR HELD**: CITY TREASURER
   - **JURISDICTION (LOCATION)**: OXNARD, CALIFORNIA

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**: N/A
   - **COMMITTEE ADDRESS**: N/A
   - **NAME OF TREASURER**: 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**: 10/4/16
   - **DATE**: 10/4/16
   - **By**: [Signature]

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**FPPC Form 470/470 Supplement (Jan/2016)**
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov