Officeholder and Candidate
Campaign Statement - Short Form

1. Statement Covers Calendar Year 20
   2016

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   DR. DESHAY DAVID FORD, PH.D.
   STREET ADDRESS
   1409 HACEFI A HANF
   CITY
   OXNARD
   STATE
   CA
   ZIP CODE
   93030
   AREA CODE/DAYTIME PHONE NUMBER
   805-775-5881
   JURISDICTION (LOCATION)
   CITY OF OXNARD
   DISTRICT NUMBER (IF APPLICABLE)
   
3. Office Sought or Held
   OFFICE SOUGHT OR HELD
   CLERK OF CITY OF OXNARD

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>DESHAY D. FORD COMMITTEE</td>
<td>1409 HACEFI A HANF</td>
<td>EDWARD M. FORD</td>
</tr>
<tr>
<td>ELECTRON OXNARD CITY</td>
<td>OXNARD, CA 93030</td>
<td></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 7/12/17

By

Signature of Officeholder or Candidate