1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Ambrosio Casarosa
   STREET ADDRESS: 3667 Islander Walk
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93035
   AREA CODE/DAYTIME PHONE NUMBER: 805-277-6507

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: City Council, City of Oxnard
   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.

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<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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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 $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 02/17/2018

By [Signature]

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