1. **Statement Covers Calendar Year 2018**

2. **Officeholder or Candidate Information**
   - **NAME OF OFFICHEOLDER OR CANDIDATE:** Robert Lee Sumpter
   - **STREET ADDRESS:** 2154 Olga St.
   - **CITY:** Oxnard
   - **STATE:** CA
   - **ZIP CODE:** 93036
   - **AREA CODE/DAYTIME PHONE NUMBER:** 805-701-1926

3. **Office Sought or Held**
   - **OFFICE SOUGHT OR HELD:** Mayor
   - **DISTRICT NUMBER (IF APPLICABLE):**
   - **JURISDICTION/LOCATION:** 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></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:** Feb. 08, 2018
   **By:** [Signature]

   **DATE:**

   **SIGNATURE OF OFFICHEOLDER OR CANDIDATE**