

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>Nov 6, 2018</u></p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp <b>Received</b> <b>Oxnard City Clerk</b></p> <p>2018 JUL 25 AM 11:00</p>	<p><b>CALIFORNIA FORM 470</b></p> <p>For Official Use Only</p>
---	--	--	--

1. Statement Covers Calendar Year 20 18.

<p><b>2. Officeholder or Candidate Information</b></p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>Ambrosio Casanova</u></p> <p>STREET ADDRESS <u>3667 Islander Walk</u></p> <p>CITY STATE ZIP CODE <u>Oxnard CA 93035</u></p> <p>AREA CODE/DAYTIME PHONE NUMBER <u>805-377-6507</u></p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	<p><b>3. Office Sought or Held</b></p> <p>OFFICE SOUGHT OR HELD <u>City Council City of Oxnard</u></p> <p>JURISDICTION (LOCATION) <u>City of Oxnard</u></p> <p>DISTRICT NUMBER (IF APPLICABLE) <u>1</u></p>
--	---

**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	COMMITTEE ADDRESS	NAME OF TREASURER

**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 07/25/2018 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form      Print Form