Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE: Ambrosio Casanova
   STREET ADDRESS: 3667 Islander Walk
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93035
   AREA CODE/DAYTIME PHONE NUMBER: 805-372-6507

3. Office Sought or Held
   OFFICE SOUGHT OR HELD: City Council, City of Oxnard
   JURISDICTION (LOCATION): City of Oxnard
   DISTRICT NUMBER (IF APPLICABLE): 1

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>
</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 07/25/2018

   By

   SIGNATURE OF OFFICEHOLDER OR CANDIDATE