Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)
5-2-18

Amendment (Explain Below)
Termination

1. Statement Covers Calendar Year 2018

2. Officeholder or Candidate Information
NAME OF OFFICER/HOLDER OR CANDIDATE
John Ragan

STREET ADDRESS
500 Hazelwood Dr

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/DAYTIME PHONE NUMBER
805-814-5721

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held
OFFICE Sought OR HELD
Oxnard City Council

JURISDICTION (LOCATION)
Oxnard, CA

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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</thead>
<tbody>
<tr>
<td>NONE</td>
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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 January 28, 2020

By John Ragan

SIGNATURE OF OFFICER/HOLDER OR CANDIDATE