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 Oxnard City Clerk  
 2018 AUG -8 PM 2: 06

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Basua Gabriela

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Oxnard  
 Division, Board, Department, District, if applicable  
 City Council District 5  
 Your Position  
 Candidate for City Council

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Oxnard  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

**Annual:** The period covered is January 1, 2017, through December 31, 2017.  
 -or-  
 The period covered is \_\_\_\_\_, through December 31, 2017.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election Nov 6, 2018 and office sought, if different than Part 1: \_\_\_\_\_

**Leaving Office:** Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2017, through the date of leaving office.  
 -or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

**Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached  
 **Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached  
 **Schedule B - Real Property** – schedule attached  **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-  
 **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
3700 Dallas Drive	Oxnard	CA	93033
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
( 805 ) 443-1268	gbasua1@yahoo.com		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed August 8, 2018  
 (month, day, year)

Signature *G. Basua*  
 (File the originally signed statement with your filing official.)