

Please type or print in ink.

2018 JUL 25 AM 11:00

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Casanova Jr. Ambrosio

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oxnard
 Division, Board, Department, District, if applicable District 1
 Your Position City Council member

▶ 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
- Multi-County _____
- City of Oxnard
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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 _____
- 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.
- Candidate:** Date of Election Nov 6, 2018 and office sought, if different than Part 1: _____

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

Schedules attached

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
3667 Islander Walk Oxnard CA 93035
 (Business or Agency Address Recommended - Public Document)
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(805) 377-6507 abcasanova1957@gmail.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 07/25/2018 Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)