STATEMENT OF ECONOMIC INTERESTS OXDARD CITY Clark

Date Initial Filing Received

Please type or print in ink. MIR AUC _R NAME OF FILER (LAST) (FIRST) Malio 1. Office, Agency, or Court Agency Name (Do not use agronyms) JOR Candidate Your Position Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: Agency: _ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of ___ Multi-County _ Bity of Oxnaro. Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/_ (Check one) December 31, 2017. -or-O The period covered is January 1, 2017, through the date of The period covered is . December 31, 2017. O The period covered is _ Assuming Office: Date assumed _ the date of leaving office. Candidate: Date of Election 11/6/18 and office sought, if different than Part 1: 4. Schedule Summary (must complete) $\,\,\,
ightharpoons$ $\,\,\,$ $\,\,\,$ Total number of pages including this cover page: $\,\,$ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - 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 (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS) ao1-5602 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information con 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 correst. Signature Date Signed igned statement with your filing official.)