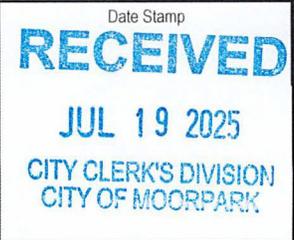


**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable:
(Month, Day, Year)

N/A

Amendment (Explain Below)



1. Statement Covers Calendar Year 20 25 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Antonio Castro

STREET ADDRESS

██████████

CITY STATE ZIP CODE

Moorpark CA 93021

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAILADDRESS

██████████

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Moorpark District 4

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.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A	N/A	N/A

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 6/30/2025
DATE

By ██
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form