

56

Statement of Organization Recipient Committee

Type or print in ink

1347496

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

4 / 26 / 12
Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of
of the State of California

MAY 09 2012

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Carmen Ramirez for Oxnard Mayor 2012

STREET ADDRESS (NO P.O. BOX)

528 Holly Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805 485-8026

MAILING ADDRESS (IF DIFFERENT)

2081 N. Oxnard Blvd., #150, Oxnard, CA 93036

OPTIONAL: FAX / E-MAIL ADDRESS

carmen4oxnard@gmail.com

COUNTY OF DOMICILE

Ventura County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Margaret Cortese

STREET ADDRESS (NO P.O. BOX)

732 W. Vineyard Ave.,

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805 983-6471

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on April 30, 2012
DATE

By M Cortese
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on April 30, 2012
DATE

By Carmen Ramirez
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Carmen Ramirez for Oxnard Mayor 2012

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Carmen Ramirez	Mayor, City of Oxnard	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Rabobank	(805) 240-1440	9634692377
ADDRESS	CITY	STATE ZIP CODE
155 S. A Street	Oxnard	CA 93036

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Carmen Ramirez for Edward Mayor 2012

Page 3

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

CITY OF OAKLAND
CITY CLERK

2012 MAY 22 P 12:48

2012 MAY 14 AM 4:49
COURT REPORTER
ELECTION
DIVISION