

**Statement of Organization
Recipient Committee**

Type or print in ink

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of the State of California

CALIFORNIA FORM 410
For Official Use Only
2012 AUG -9
CITY OF OXNARD

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # 1309837
 Date qualified as committee _____ Date of Termination _____
 (If applicable)

JUL 25 2012
DEBRA BOWEN
Secretary of State

56

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Danielle 'Danie' Navas City Treasurer 2012

STREET ADDRESS (NO P.O. BOX)
3500 Taffrail Lane

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 805-984-7414

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
William T. Belcher

STREET ADDRESS (NO P.O. BOX)
1732 Fisher Court

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 805-984-7624

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

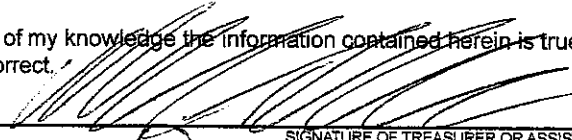
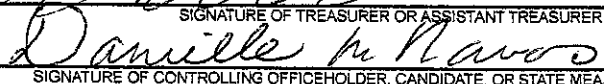
STREET ADDRESS (NO P.O. BOX)

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 July 22, 2012 DATE
 Executed on July 22, 2012 DATE
 Executed on _____ DATE
 Executed on _____ DATE

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

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STATEMENT OF ORGANIZATION

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FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

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 |
|--|---|------------------|--|
| Danielle 'Danie' Navas | City Treasurer, Oxnard, CA | 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 | |
|-----------------------------------|-----------------|---------------------|----------|
| Santa Barbara Bank & Trust | 805-278-1475 | 0102123742 | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 400 E. Esplanade Drive, Suite 101 | 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 |
| | | | |
| | | | |