Statement of Organization Recipient Committee

Statement Type ☑ Initial
Not yet qualified ☐ or

☐ Amendment
List I.D. number:
#

☐ Termination – See Part 5
List I.D. number:
#

Date qualified as committee:
07/12/2014

Date qualified as committee (if applicable):

Date of Termination:


1. Committee Information

NAME OF COMMITTEE
Re-Elect Carmen Ramirez to Oxnard City Council 2014

STREET ADDRESS (NO P.O. BOX)
631 Ivywood Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805)485-8026

MAILING ADDRESS (IF DIFFERENT)
2081 N Oxnard Boulevard, Suite 150, Oxnard CA 93036

FAX/ E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura City of Oxnard

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Nancy Acosta

STREET ADDRESS (NO P.O. BOX)
1700 Rialto Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 (925)408-5917

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 07/31/2014
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 07/31/2014
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Re-Elect Carmen Ramirez to Oxnard City Council 2014

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>RaboBank</td>
<td>(805)240-1451</td>
<td>622522736</td>
</tr>
</tbody>
</table>

ADDRESS: 155 South A Street
CITY: Oxnard
STATE: CA
ZIP CODE: 93030

4. Type of Committee: Complete the applicable sections.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Ramirez</td>
<td>Oxnard City Council</td>
<td>2014</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

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

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