

54

1369315

Statement of Organization Recipient Committee

Statement Type

[X] Initial

[] Amendment

[] Termination - See Part 5

Not yet qualified [] or

List I.D. number:

List I.D. number:

07 / 12 / 2014

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

Stamp area with 'FILED' and 'CALIFORNIA FORM 410' text.

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

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)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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

DATE

By

Signature of Nancy Acosta

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/31/2014

DATE

By

Signature of 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

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COMMITTEE NAME

Re-Elect Carmen Ramirez to Oxnard City Council 2014

I.D. NUMBER

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

| | | |
|--|---|---|
| NAME OF FINANCIAL INSTITUTION RaboBank | AREA CODE/PHONE (805)240-1451 | BANK ACCOUNT NUMBER 622522736 |
| ADDRESS 155 South A Street | CITY Oxnard | STATE ZIP CODE CA 93030 |

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 "nonpartisan."
- 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 | Oxnard City Council | 2014 | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |