Statement of Organization
Recipient Committee

Statement Type:  ✓ Initial

Date qualified as committee:

Date qualified as committee:

Date of Termination:

1. Committee Information

NAME OF COMMITTEE:
Martin Jones For Oxnard City Council 2013

STREET ADDRESS (NO P.O. BOX):
3630 Avocado Lane

CITY: Oxnard
STATE: CA
ZIP CODE: 93033

MAILING ADDRESS (IF DIFFERENT):

FAX / E-MAIL ADDRESS:

COUNTY OF DOMICILE:
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER:
Martin Jones

STREET ADDRESS (NO P.O. BOX):
3630 Avocado Lane

CITY: Oxnard
STATE: CA
ZIP CODE: 93033
AREA CODE/PHONE: (805)624-6883

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: 02/27/2013
By: [Signature]

DATE:

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

COMMITTEE NAME
Martin Jones for Oxnard City Council 2013

- 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>CITI BANK</td>
<td>1 800 627-3999</td>
<td>20513 0636</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2800 SALVANS PL</td>
<td>OXNARD</td>
<td>CA</td>
<td>93033</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</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>Martin Jones</td>
<td>Oxnard City Council</td>
<td>2013</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
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<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
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</table>