

56

1356001

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
Not yet qualified or

List I.D. number: # _____ List I.D. number: # _____

_____/_____/_____
Date qualified as committee Date qualified as committee (if applicable) Date of Termination

Date Stamp

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

MAR 04 2013

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

2013 MAR 19 P 2:06

1. Committee Information

NAME OF COMMITTEE
Martin Jones For Oxnard City Council 2013

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

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Martin Jones

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

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93,033 (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

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 02/27/2013 By *Martin B. Jones*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/27/2013 By *Martin B. Jones*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

Martin Jones for Oxnard City Council 2013

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

NAME OF FINANCIAL INSTITUTION <i>CITI BANK</i>	AREA CODE/PHONE <i>1 800 627-3999</i>	BANK ACCOUNT NUMBER <i>20513 0636</i>
ADDRESS <i>2900 SAUCONS DR</i>	CITY <i>OXNARD</i>	STATE ZIP CODE <i>CA 93033</i>

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
Martin Jones	Oxnard City Council	2013	<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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>