Statement of Organization Recipient Committee

Statement Type: [Initial]
Not yet qualified [ ] or [ ]

01/25/2013 Date qualified as committee

1. Committee Information
NAME OF COMMITTEE: Committee to Elect OLIVARES Oxnard City Council 2013

STREET ADDRESS (NO P.O. BOX):
2304 Mint Way

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805 889-0775

MAILING ADDRESS (IF DIFFERENT):

OPTIONAL: FAX / E-MAIL ADDRESS

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

2. Treasurer and Other Principal Officers
NAME OF TREASURER:
Jo Ann Olivares

STREET ADDRESS:
2304 Mint Way

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805 889-0775

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS:

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805 889-0775

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE:

MAILING ADDRESS:

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805 889-0775

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: 1/25/2013

By:

Signature of Treasurer or Assistant Treasurer

Executed on: 1/25/2013

By:

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

Executed on: 

By:

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

Executed on: 

By:

Signature of Controlling Officeholder, Candidate, or State Measure Proponent
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect OLIVARES Oxnard City Council 2013

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.

<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>Jo Ann Olivares</td>
<td>City Council</td>
<td>2013</td>
<td>☑ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<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, N.A.</td>
<td>805 240-1440</td>
<td>412296388</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>155 So. A Street</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

**Primarily Formed 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>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Ann Olivares</td>
<td>Oxnard City Council</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>