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:

US 06, 2013
Date qualified as committee
Date qualified as committee (if applicable)
Date of Termination

1. Committee Information
NAME OF COMMITTEE
AJ Valenzuela for Oxnard City Council 2013

STREET ADDRESS (NO P.O. BOX)
2300 Lions Gate Drive

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Oxnard  CA  93030  (805)236-7615

MAILING ADDRESS (IF DIFFERENT)

FAX EMAIL ADDRESS
arthurvalenzuela00@gmail.com

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
K. Bradley Hudson

STREET ADDRESS (NO P.O. BOX)
190 Catalina Drive

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Oak View  CA  93022  (805)798-0245

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 3/15/13  By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/15/13  By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  By

SIGNATURE OF CONTROLLING OFFICER, 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**

AJ Valenzuela for Oxnard City Council 2013

**BANK ACCOUNT NUMBER**

- 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>Chase Bank</td>
<td>(805)240-1545</td>
<td>959442054</td>
</tr>
</tbody>
</table>

**ADDRESS**

860 North Ventura Road

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93030

**Type of Committee. Complete the applicable sections.**

- **Agreed upon 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</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur Valenzuela Jr.</td>
<td>Oxnard City Council</td>
<td>2013</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:

<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>
</table>

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