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Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or

List I.D. number: # _____ Date qualified as committee: 03, 08, 13

List I.D. number: # _____ Date qualified as committee (# applicable): _____

List I.D. number: # _____ Date of Termination: _____

REC in the office of Date Stamp of

DEBRA Secretary

CITY OF OXNARD CITY CLERK

CALIFORNIA FORM 410

RECEIVED FILED in the office of the Secretary of the State MAR 19 2013

12:26

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 / E-MAIL ADDRESS
arthurvalenzuela00@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	

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	93,022	(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

DEBRA BOWEN Secretary of State

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 3/15/13 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/15/13 By [Signature] 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

**CALIFORNIA
FORM 410**

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I.D. NUMBER

COMMITTEE NAME

AJ Valenzuela for Oxnard City Council 2013

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

NAME OF FINANCIAL INSTITUTION Chase Bank	AREA CODE/PHONE (805)240-1545	BANK ACCOUNT NUMBER 959442054
ADDRESS 860 North Ventura Road	CITY Oxnard	STATE ZIP CODE CA 93030

I. 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
Arthur Valenzuela Jr.	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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>