Statement of Organization
Recipient Committee

Statement Type  ☑ Initial
[ ] Amendment
[ ] Initial. Not yet qualified [ ] or
[ ] Amendment
List I.D. number:
# 1350825
☐ Termination – See Pay
List I.D. number:
#
[ ] Date stamp on termination
[ ] Date qualified as committee
[ ] Date qualified as committee (if applicable)

1. Committee Information
NAME OF COMMITTEE
Manuel Vazquez Cano for Oxnard City Council 2013
STREET ADDRESS IN THE CITY
3206 Circle Drive
CITY
Oxnard
STATE
CA
ZIP CODE
93033
AREA CODE/PHONE
(805) 754-1008
MAILING ADDRESS (IF DIFFERENT):

TAX/EMAIL ADDRESS:
vazquezforcouncil@gmail.com

COUNTY OF Domicile:
Ventura

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Manuel Vazquez
STREET ADDRESS IN THE CITY
3206 Circle Drive
CITY
Oxnard
STATE
CA
ZIP CODE
93033
AREA CODE/PHONE
(805) 754-1008

NAME OF ASSISTANT TREASURER (IF ANY):

STREET ADDRESS IN THE CITY

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 03/01/2013
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 03/01/2013
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________________
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________________
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICERHOLDER, 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
Manuel Vazquez Cano for Oxnard City Council 2013

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

NAME OF FINANCIAL INSTITUTION: Bank of America
AREA CODE/PHONE (805)483-4174

BANK ACCOUNT NUMBER 16410438624

ADDRESS 2475 Saviers Rd.
CITY Oxnard
STATE CA
ZIP CODE 93033

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 PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
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</thead>
<tbody>
<tr>
<td>Manuel Vazquez Cano</td>
<td>Oxnard City Council</td>
<td>2013</td>
<td>☑ Nonpartisan</td>
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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>
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