

54

### Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1350825

Termination - See Part 2

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

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

APR 22 2013

**DEBRA BOWEN**  
Secretary of State

CITY OF OXNARD  
**CALIFORNIA FORM 410**

2013 MAY 2 P 2:52  
For Official Use Only

### 1. Committee Information

NAME OF COMMITTEE

Manuel Vazquez Cano for Oxnard City Council 2013

STREET ADDRESS (NO P.O. BOX)

3206 Circle Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oxnard

CA 93033

(805)754-1008

MAILING ADDRESS (IF DIFFERENT)

TAX / E-MAIL ADDRESS

vazquezforcouncil@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Ventura

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Manuel Vazquez

STREET ADDRESS (NO P.O. BOX)

3206 Circle Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oxnard

CA 93,033

(805)754-1008

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 03/01/2013

DATE

By

*[Signature]*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/01/2013

DATE

By

*[Signature]*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

DATE

By

\_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

DATE

By

\_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Manuel Vazquez Cano for Oxnard City Council 2013

I.D. NUMBER

1350825

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

NAME OF FINANCIAL INSTITUTION <b>Bank of America</b>	AREA CODE/PHONE <b>(805)483-4174</b>	BANK ACCOUNT NUMBER <b>164104338624</b>
ADDRESS <b>2475 Saviers Rd.</b>	CITY <b>Oxnard</b>	STATE ZIP CODE <b>CA 93033</b>

**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
Manuel Vazquez Cano	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"/>