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Statement of Organization Recipient Committee

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1356489

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or

List I.D. number: # _____

03 / 08 / 2013
Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
 MAR 28 2013 15 P 12:51
DEBRA BOWEN
 Secretary of State
CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE

Elizabeth Wolfel for Oxnard City Council 2013

STREET ADDRESS (NO P.O. BOX)

655 Pacific Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030 (805)744-2498

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

elizabeth@elizabeth2013.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Delilah Garcia

STREET ADDRESS (NO P.O. BOX)

655 Pacific Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030 (805)744-2498

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 03/08/2013 By Delilah Garcia
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/08/2013 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Elizabeth Wolfel for Oxnard City Council 2013

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION JP Morgan Chase Bank, N.A.	AREA CODE/PHONE (805)382-7465	BANK ACCOUNT NUMBER 407632962
ADDRESS 1201 South Victoria Avenue	CITY Oxnard	STATE ZIP CODE CA 93035

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
Elizabeth E. Wolfel	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"/>