## Statement of Organization

**Recipient Committee**

**Statement Type**
- Initial

**Committee Name**
Committee to Elect Sylvia Paniagua

**Date qualified as committee**

**Name of Treasurer**
Suzanne Becerra

**Address**
1950 St. Andrews Ct.

**City**
Oxnard

**State**
CA

**Zip Code**
93036

**Phone**
805-645-0493

**FAX/Email Address**
Sylvia4Oxnard@gmail.com

**Jurisdiction Where Committee is Active**
Ventura

**Attorney**

**Mail Address**

**City**

**State**

**Zip Code**

**Phone**

**Assistant Treasurer**

**Jurisdiction Where Committee is Active**

**Principal Officers**

**Executed on**
08-15-2016

**Signature**

**Executed on**
08-15-2016

**Signature**

**Executed on**

**Signature**

**Executed on**

**Signature**

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**Form 410 (Jan/2016)**

FPPC: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
Name of Financial Institution: City National Bank
Address: 500 Esplanade Dr., 1st Floor, Oxnard, CA 93036

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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sylvia Paniagua</td>
<td>Oxnard City Clerk</td>
<td>2016</td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

<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>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
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</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect Sylvia Paniagua Oxnard City Clerk 2016

4. Type of Committee (Continued)

- General Purpose Committee: Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
  - CITY Committee
  - COUNTY Committee
  - STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

- Sponsored Committee: List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐ Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FPED Form 410 (Jan/2016)
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www.fppc.ca.gov