Statement of ( Recipient Con		56 136	5110x		Date Stamp	ı	CALIFOR FORM	
Statement Type	☑ Initial  Not yet qualified ☑ or	Amendment List I.D. number:	Terminat	tion – See Part 5 in the	CEIVED AND FILED office of the Secretary of State of the State of California		5 05 111 01	
		#	#	Antonia de l'alternativa de l'alternativ	AUG 22 2016	i		
	Date qualified as committee	Date qualified as committee (If applicable)	Date of Te	ermination			RIP	SEP 1 4 2016
1. Committee II	nformation		2	2. Treasurer and	Other Principal Of	ficers	•	
	Hee to Elec	+ Sulvia Par	. a a 110	SUZANA	VE BECERR	A.		
OXNAR	es city clex	t Sylvia Pani LK 2014	agoo	STREET ADDRESS (NO P.O. BO	NE BECERR Mdrews	Ct.		phonestical habitation decembers related coessives 25 Comment annuel comments.
STREET ADDRESS (NO PO	O. BOX) PYGLASS TRA STATE			OXNALL		state CA	ZIP CODE 93036	AREA CODE/PHONE 803:485:044
OXNARD	STATE CA	ZIP CODE AREA CO. 93034 805-	814-1453	NAME OF ASSISTANT TREASE	URER, IF ANY			
MAILING ADDRESS (IF D	IFFERENT)			STREET ADDRESS (NO P.O. BO	OX)			
FAX/E-MAIL ADDRESS SYLVIA 4	LOXNARD QG,	MAIC. LOM	and or provided the contract of the contract o	CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION	WHERE COMMITTEE IS ACTIVE	egolooneassumotestaloonen <del>vienelustu</del> vossa arvittohtissistä	NAME OF PRINCIPAL OFFICE	R(S)			
entoseppent epiperus piranto cida un reducento in desentrato de la composición de la constante de la constante	ini katala ang pangangan katalangan pangan pangan katalang pangan pangan pangan pangan pangan pangan pangan pa	ков Солов (Солов (Солов Солов Соло	enterioristici de la companya de la	STREET ADDRESS (NO P.O. BO	OX)		indigen geste hit (best of the debt of the	RETURNING CONTROL (CONTROL ) CONTROL VICTOR (CONTROL VICTOR ) CONTROL VICTOR (CONTROL VICTOR ) CONTROL VICTOR (CONTROL VICTOR )
Attach additional	l information on appropria	tely labeled continuation sh	eets.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
penalty of perju	ury under the laws of the S	eparing this statement and t State of California that the fo			mation contained here	ein is tru	e and complete.	I certify under
Executed on $O'$	8-15-2016 By 18-15-2016 By		SIGNATUREO	F TREASURER OR ASSISTANT TRE	FASILBER			
Executed on	08-15-2016 By		<u> </u>	FICEHOLDER, CANDIDATE, OR ST			nong/acrines designed destates they make they have been designed as	
Executed on	DATE	SIGNAT	URE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR ST	TATE MEASURE PROPONENT	NAME AND ADDRESS OF THE OWNER, ON THE OWNER,	Annessina der dan resolució forme principal antique	
Executed on	DATE By		TURE OF CONTROLLING O	FEICEHOLDER CANDIDATE ORS	STATE MEASURE PROPONENT		24/234/2014 AMARICA AM	

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

## Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUSTIONS ON REVERSE							Page 2		
Committee to Elect Sylvia Par	riago	ia Oxi	IARD C	ing Cle	RK-2	016	I.D. NUMBER		
• All committees must list the financial institution where the campaign bank account is located.									
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE		BANK ACC	OUNT NUMBER				<del></del>
City National Bank	805	5. 981.	2700			03110	2040		
ADDRESS	CITY	B.C.		STATE		ZIP CODE		***************************************	-demicroffen, ox experimental construction of
500 Esplanade Dr. 1st Floor		Oxna	rd	Cf	}	930	13 W		
4. Type of Committee Complete the applicable sections.						110			
Controlled Committee	acent annual en	entralistic States uniterativistic Medicine same land in successive security.		an ann an air an Aireann Airt I ann an Aireann Aireann Aireann Aireann Aireann Aireann Aireann Aireann Airean	The second section of the section of the second section of the section of the second section of the sectio	and an extra material and an annual supports a substantial and add to the substantial and an add to the substantial and add	maganisaring unit are productive and an area entered	elleren generale kannan gerannen er en er	a the Control of Control
• 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, I	ist the nar	me and ident	ification nur	mber of the ot	her contro	olled committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT			E OFFICE SOUGH			YEAR OF ELECTION	N	PARTY	
Sylvia Paniagua	Ox	NALO	CITY	CLER	'K	2016	☐ Nor	partisan	
							□ Nor	partisan	
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)							N	CHECK	ONE
. · · · · · · · · · · · · · · · · · · ·				×				SUPPORT	OPPOSE

SUPPORT

OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CA	LIFO	RNI	AZ	14	
	FOR	M	-	F	U

Committee hame	Elect Sylvia Paniagu	va Oxnard Ciny CLERK-2016	I.D. NUMBER				
4. Type of Committee (c	ontinued)						
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 a	dditional sponsors on an attachment.						
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR					
STREET ADDRESS NO. AND STREE	T CITY	STATE ZIP COI	DE				
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.