Statement of Organization
Recipient Committee

Statement Type
☐ Initial
Not yet qualified or
☐ Amendment
List I.D. number:
# 1389848
☐ Termination – See Part 5
List I.D. number:
#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Michelle Ascencio for Oxnard City Clerk 2016

STREET ADDRESS (NO P.O. BOX):
1981 Jeffreys Place

CITY
Oxnard

STATE
CA

ZIP CODE
93033

AREA CODE/PHONE
805 212-0166

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
(Same as previously submitted)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

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 9/19/16 By

EXECUTED ON

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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