Statement of Organization 
Recipient Committee 

Statement Type: Initial 
Not yet qualified or Amendment 
List I.D. number: 
# 1389715 
Termination - See Part 5 
List I.D. number: 
# 

1. Committee Information 

NAME OF COMMITTEE: 
Committee to Elect Peter De Domenico as Oxnard City Clerk 2016 

1024 Corte Primavera 
Oxnard, CA 93036 

NAME OF TREASURER: 
Guadalupe Ortiz 

3463 Belmont Lane 
Oxnard, CA 93036 

DATE QUALIFIED AS COMMITTEE: 
9-18-16 

DATE QUALIFIED AS COMMITTEE (IF APPLICABLE): 

DATE OF TERMINATION: 


2. Treasurer and Other Principal Officers 

NAME OF TREASURER: 
Guadalupe Ortiz 

3463 Belmont Lane 
Oxnard, CA 93036 

STREET ADDRESS (NO P.O. BOX): 

CITY: 
Oxnard 
STATE: CA 
ZIP CODE: 93036 
AREA CODE/PHONE: (805) 479-6590 

NAME OF ASSISTANT TREASURER, IF ANY: 

STREET ADDRESS (NO P.O. BOX): 

CITY: 
STATE: CA 
ZIP CODE: 93036 
AREA CODE/PHONE: 

NAME OF PRINCIPAL OFFICER(S): 

STREET ADDRESS (NO P.O. BOX): 

CITY: 
STATE: CA 
ZIP CODE: 
AREA CODE/PHONE: 

FAX/E-MAIL ADDRESS: 
peter.de.domenico@gmail.com 

COUNTY OF RESIDENCE: 
Ventura 
JURISDICTION WHERE COMMITTEE IS ACTIVE: 
Oxnard 


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 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER: 

Executed on 9-19-16 By 
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent: 

Executed on 
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent: 

Executed on 
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent: 

Executed on 
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent: 

FPPC Form 410 (Jan/2016) 
FPPC Advice: advice@fppc.ca.gov (866/275-3772) 
www.fppc.ca.gov
**Statement of Organization**  
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**Committee Name:**  
[Handwritten: Committee to Elect Peter De Domenico as Oxnard City Clerk 2016]

I.D. Number:  
[Handwritten: 1389715]

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>RoboBank</td>
<td>805 240-1440</td>
<td>152 971884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 S. A ST.</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

**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 PROponent</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></td>
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</tr>
</tbody>
</table>

- **Nonpartisan**

**Primarily Formed Committee**  
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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