

**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:

_____/_____/_____
Date qualified as committee

9/19/16
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp

SEP 19 2016

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee to Elect Peter De Domenico as
Ornard City Clerk 2016

STREET ADDRESS (NO P.O. BOX)

1024 Corte Primavera

CITY STATE ZIP CODE AREA CODE/PHONE

Ornard CA 93030 (805) 479-8090

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

peter.dedomenico@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Ventura Ornard

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Guadalupe Ortiz

STREET ADDRESS (NO P.O. BOX)

3663 Belmont Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Ornard, CA 93036 (805) 427-0006

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 9-19-16
DATE

By Guadalupe Ortiz
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-19-16
DATE

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

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

Executed on _____
DATE

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect Peter De Domenico as Orange City Clerk 2016

I.D. NUMBER
1389715

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

NAME OF FINANCIAL INSTITUTION <i>Robobank</i>	AREA CODE/PHONE <i>805 240-1440</i>	BANK ACCOUNT NUMBER <i>152 971884</i>
ADDRESS <i>155 S. A St.</i>	CITY <i>Orange</i>	STATE ZIP CODE <i>CA 93030</i>

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
			<input 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"/>