

50  
**Statement of Organization  
 Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee  
 (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Termination

SEP 22 2016  
 1389715  
 1136 DE  
 City Clerk

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California

SEP 07 2016

Hand Delivered, Sacramento

**CALIFORNIA  
 FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Committee to Elect Peter De Domenico as  
 Oxnard City Clerk 2016

STREET ADDRESS (NO P.O. BOX)

1024 Corte Primavera

CITY

Oxnard

STATE

CA

ZIP CODE

93030

AREA CODE/PHONE

(805) 479-8090

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

peter.dedomenico@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

Oxnard

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Guadalupe Ortiz

STREET ADDRESS (NO P.O. BOX)

3663 Belmont Lane

CITY

Oxnard

STATE

CA

ZIP CODE

93036

AREA CODE/PHONE

(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

**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

9-6-16

DATE

By

Guadalupe Ortiz

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

9-6-16

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

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COMMITTEE NAME

Committee to Elect Peter De Domenico as Oxnard City Clerk 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <b>Rabobank</b>	AREA CODE/PHONE <b>(805)240-1440</b>	BANK ACCOUNT NUMBER <b>152971884</b>
ADDRESS <b>155 South A St.</b>	CITY <b>Oxnard</b>	STATE <b>CA</b>
		ZIP CODE <b>93030</b>

**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
<b>Peter De Domenico</b>	<b>Oxnard City Clerk</b>	<b>2016</b>	<input checked="" 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"/>