Statement of Organization
Recipient Committee

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

1. Committee Information
   NAME OF COMMITTEE: Committee to Elect Peter De Domenico as City Clerk 2016
   STREET ADDRESS (NO P.O. BOX): 1024 Corte Primavera
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: (805) 980-3030
   MAILING ADDRESS (IF DIFFERENT):
   FAX/E-MAIL ADDRESS: Peter.deDomenico@gmail.com
   COUNTY OF DOMICILE: Ventura
   JURISDICTION WHERE COMMITTEE IS ACTIVE: Oxnard

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) 982-0006
   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 9/6/16 By Guadalupe Ortiz
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on 9/6/16 By
   SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

   Executed on
   SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

   Executed on
   SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
### Statement of Organization

#### Recipient Committee

**Committee Name**

Committee to Elect Peter De Domenico as Oxnard City Clerk 2016

- 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>Rabobank</td>
<td>(805)240-1440</td>
<td>152971884</td>
</tr>
<tr>
<td><strong>ADDRESS</strong></td>
<td></td>
<td><strong>CITY</strong></td>
</tr>
<tr>
<td>155 South A St.</td>
<td></td>
<td><strong>STATE</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>CA</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>ZIP CODE</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>93030</td>
</tr>
</tbody>
</table>

#### Type of Committee

- Complete the applicable sections.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</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>Peter De Domenico</td>
<td>Oxnard City Clerk</td>
<td>2016</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

- 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.

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

**FPPC Form 410 (Jan/2016)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov