Statement of Organization Recipient Committee

Statement Type: Initial

1. Committee Information

NAME OF COMMITTEE: Tiffany Lopez for City Clerk 2016

STREET ADDRESS (NO P.O. BOX): 1911 Cascades Ct, 805-983-1148

CITY: Oxnard

STATE: CA

ZIP CODE: 93035

COUNTRY: USA

MAILING ADDRESS (IF DIFFERENT): N/A

FAX/E-MAIL ADDRESS: Lopezforclerk@gmail.com

COUNTY OF DOMICILE: Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Julie Pena

STREET ADDRESS (NO P.O. BOX): 4936 Dolphin Way

CITY: Oxnard

STATE: CA

ZIP CODE: 93035

COUNTRY: USA

NAME OF ASSISTANT TREASURER, IF ANY: None

STREET ADDRESS (NO P.O. BOX): N/A

CITY: Oxnard

STATE: CA

ZIP CODE: 93035

COUNTRY: USA

NAME OF PRINCIPAL OFFICER: N/A

STREET ADDRESS (NO P.O. BOX): N/A

CITY: Oxnard

STATE: CA

ZIP CODE: 93035

COUNTRY: USA

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: 8/22/16

By: [Signature]

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/276-3772)

www.fppc.ca.gov
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 “non-partisan.”
- 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 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>Tiffany Lopez</td>
<td>City Clerk</td>
<td>2016</td>
<td>Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled “candidate election” committees only)

<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)</td>
<td>401879731</td>
</tr>
</tbody>
</table>

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

FPPC Form 410 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)