

50

1389315

SEP 22 2016  
1136 DK  
CITY CLERK

### Statement of Organization Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5

Not yet qualified  or

List I.D. number: # \_\_\_\_\_ # \_\_\_\_\_

Date qualified as committee \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ Date of Termination \_\_\_\_\_  
(if applicable)

Date Stamp

**CALIFORNIA FORM 410**

For Official Use Only

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

**AUG 25 2016**

#### 1. Committee Information

NAME OF COMMITTEE

Tiffany Lopez for City Clerk 2016

STREET ADDRESS (NO P.O. BOX)

1911 Cascades Ct 805-9831148

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93036

MAILING ADDRESS (IF DIFFERENT)

N/A

FAX / E-MAIL ADDRESS

Lopezforclerk@gmail.com

COUNTY OF RESIDENCE JURISDICTION WHERE COMMITTEE IS ACTIVE

Ventura

#### 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Julie Pena

STREET ADDRESS (NO P.O. BOX)

4936 Dolphin Way 818 421-7273

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93035

NAME OF ASSISTANT TREASURER, IF ANY

None

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 8/22/16 By X Julie Pena SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/22/16 By X Tiffany Lopez SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

*Tiffany Lopez for Clerk*

Page 2

I.D. NUMBER

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>Tiffany Lopez</i>	<i>City Clerk</i>	<i>2016</i>	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
<i>Rabobank</i>	<i>(805)</i>	<i>461879731</i>
ADDRESS	CITY	STATE ZIP CODE
<i>155 S. "A" St.</i>	<i>Oxnard</i>	<i>CA 93030</i>

**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