

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination (See Part 6)  
List I.D. number:

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

" 1289715  
" \_\_\_\_\_  
9/19/16  
Date qualified as committee  
(if applicable)

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

Received  
Oxnard City Clerk

Date Stamp

2016 SEP 29 PM 5:03

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

SEP 20 2016

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

STATE

ZIP CODE

AREA CODE/PHONE

Oxnard 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 Oxnard

**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

Oxnard, CA 93036 (805) 427-0000

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 <i>CA</i>
		ZIP CODE <i>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"/>