Statement of Organization
Recipient Committee

Statement Type [ ] Initial
[ ] Amendment
Not yet qualified [ ] or

Amendment List I.D. number: 1287715
Termination/Reorganization List I.D. number:

Date qualified as committee: 9/10/16
Date of Termination:

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.de_domenico@domain.com

County of Domicile Ventura
Jurisdiction Where Committee Is Active Oxnard

2. Treasurer and Other Principal Officers

Name of Treasurer
G. Guadalupe Ortiz

Street Address (No P.O. Box)
3663 Belmont Lane

City Oxnard
State CA
Zip Code 93036
Area Code/Phone (805) 271-0000

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

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

By __________________________
Signature of Treasurer or Assistant Treasurer

Executed on 9-19-16

By __________________________
Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on

By __________________________
Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on

By __________________________
Signature of Controlling Officer, Candidate, or State Measure Proponent

Executed on

By __________________________
Signature of Controlling Officer, Candidate, or State Measure Proponent

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee to Elect Peter De Domenico as Oxnard City Clerk 2016

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee to Elect Peter De Domenico</td>
<td>1387115</td>
</tr>
</tbody>
</table>

- 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 S. A St.</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</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></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</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>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
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</table>