

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

10 / 20 / 2016

Date qualified as committee

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee
(if applicable)

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp Receive Oxnard City 2016 OCT 24 PM 12:15	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

David Albanese for Oxnard City Council

STREET ADDRESS (NO P.O. BOX)

1933 South F Street

CITY

Oxnard

STATE

CA

ZIP CODE

93030

AREA CODE/PHONE

(805) 947-6370

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David Albanese

STREET ADDRESS (NO P.O. BOX)

1933 South F Street

CITY

Oxnard

STATE

CA

ZIP CODE

93033

AREA CODE/PHONE

(805) 947-6370

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 10/20/16 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/20/16 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER

COMMITTEE NAME David Albanese for Oxnard City Council

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF AMERIC	AREA CODE/PHONE (805)	BANK ACCOUNT NUMBER 3250 8305 9863
ADDRESS	CITY OXNARD	STATE ZIP CODE CA

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
David Albanese	Oxnard City Council	2016	<input checked="" 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"/>