Statement of Organization
Recipient Committee

Armando Sepulveda for Oxnard Mayor 2016

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)
1901 Ebony Drive
Oxnard CA 93030 (805)469-4778

MAILING ADDRESS (IF DIFFERENT)

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
(805)469-4778

NAME OF TREASURER
Melissa Stevens-Colon

STREET ADDRESS (NO P.O. BOX)
1901 Holser Walk Suite 310
Oxnard CA 93030 (805)815-7780

NAME OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

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 Name

Amado Cepilveda for Oxnard Mayor 2016

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

<table>
<thead>
<tr>
<th>Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank</td>
<td>(805) 382-8900</td>
<td>2516724636</td>
</tr>
</tbody>
</table>

Address:
533 W Channel Islands Blvd

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>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>
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</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>
</tbody>
</table>

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