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 (if applicable)

List I.D. number:

Date of Termination

1. Committee Information

NAME OF COMMITTEE:
Armando Sepulveda for Oxnard Mayor 2016

STREET ADDRESS (NO P.O. BOX): 901 Ebony Drive

CITY: Oxnard
STATE: CA
ZIP CODE: 93035
AREA CODE/PHONE: 805-815-7761

MAILING ADDRESS (IF DIFFERENT):
Sepulveda4Change 2016 @ gmail.com

FAX / E-MAIL ADDRESS:

NAME OF TREASURER:
Melissa Stevens Colon

STREET ADDRESS (NO P.O. BOX): 1901 Holser Walk Suite 310

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805-815-7761

NAME OF ASSISTANT TREASURER, IF ANY:

NAME OF PRINCIPAL OFFICER(S):

2. Treasurer and Other Principal Officers

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 11-9-2016 by Melissa Colon

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

NAME OF FINANCIAL INSTITUTION
Wells Fargo Bank

AREA CODE/PHONE
805-382-8900

BANK ACCOUNT NUMBER
2516724636

ADDRESS
533 W. Channel Islands Blvd

CITY
Port Hueneme

STATE
CA

ZIP CODE

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-BOX SUPPORT</th>
<th>CHECK-BOX OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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