

**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): _____/_____/_____
 Date of Termination: 11, 9, 2016

Received
Oxnard City Clerk
2016 NOV 10 PM 4:06
2016 NOV 10 PM 4:06

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Armando Sepulveda for Oxnard Mayor 2016

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

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030

MAILING ADDRESS (IF DIFFERENT)
Sepulveda4change2016@gmail.com

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Melissa Stevens-Colon

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

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

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 11-9-2016 By Melissa Stevens-Colon
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Armando Sepulveda for Oxnard Mayor 2016

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

NAME OF FINANCIAL INSTITUTION <u>Wells Fargo Bank</u>	AREA CODE/PHONE <u>805-3823900</u>	BANK ACCOUNT NUMBER <u>2516724636</u>
ADDRESS <u>533 W. Channel Islands Blvd</u>	CITY <u>Port Hueneme</u>	STATE ZIP CODE <u>CA</u>

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"/>