Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
Not yet qualified ☐ or
___/___/___
Date qualified as committee

☐ **Amendment**
List I.D. number:
_____
___/___/___
Date qualified as committee (If applicable)

☑ **Termination – See Part 5**
List I.D. number:
1389315
12 / 25 / 2016
Date of Termination

Date Stamp
R
Oxnar

RECEIVED AND FILED
In the office of the Secretary of State of the State of California
JAN 03 2017

CALIFORNIA FORM **410**
For Official Use Only
17 AM 8: 22

1. Committee Information

NAME OF COMMITTEE
Tiffany Lopez for City Clerk 2016

STREET ADDRESS (NO P.O. BOX)
1911 Cascades Ct
AREA CODE/PHONE
805-889-6516

CITY
Oxnard,
STATE
CA
ZIP CODE
93036

MAILING ADDRESS (IF DIFFERENT)
n/a

FAX / E-MAIL ADDRESS
Lopezforclerk@gmail.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Julie Pena

STREET ADDRESS (NO P.O. BOX)
4936 Dolphin Way

CITY
Oxnard,
STATE
CA
ZIP CODE
93035
AREA CODE/PHONE
(805)984-2127

NAME OF ASSISTANT TREASURER, IF ANY
n/a

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 12/25/16 (DATE) By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/27/16 (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

I.D. NUMBER 1389315

COMMITTEE NAME
Tiffany Lopez for City Clerk 2016

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Rabo Bank	(800)942-6222	461879731

ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 6002	Arroyo Grande	CA	93421

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
Tiffany Lopez	City Clerk	2016	☒ Nonpartisan
			☐ 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	CHECK ONE: OPPOSE
		☐	☐
		☐	☐

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

I.D. NUMBER 1389315

COMMITTEE NAME
Tiffany Lopez for City Clerk 2016

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE

Small Contributor Committee ☐ _____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.