

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

Termination - See Part 5

List I.D. number:

1389715

12/31/16
Date of Termination

Date Stamp Received Oxnard City Clerk 2017 JAN 31 PM 3:30	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Committee to Elect Peter De Domenico as
Oxnard City Clerk 2016

STREET ADDRESS (NO P.O. BOX)

1024 Corte Primavera

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030 (805) 429-8090

MAILING ADDRESS (IF DIFFERENT)

peter.dedomenico@gmail.com

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

N/A

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Guadalupe Ortiz

STREET ADDRESS (NO P.O. BOX)

3663 Belmont Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93036 (805) 485-3723

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 1-31-16

DATE

By

Guadalupe Ortiz
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/16

DATE

By

[Signature]
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