Statement of Organization
Recipient Committee

Statement Type  □ Initial
□ Amendment
List E.D. number:
# 1389232
□ Termination – See Part 5
List E.D. number:
# 1389232
Date qualified as committee
Date qualified as committee (if applicable)
1/30/17
FEB 13 2017
Date of Termination

1. Committee Information

Genevieve Flores-Haro for Oxnard City Council 2016

STREET ADDRESS (NO P.O. BOX)
1937 Lago Lane

CITY          STATE          ZIP CODE          AREA CODE/PHONE
Oxnard         CA             93036          8053512010

MAILING ADDRESS (IF DIFFERENT)

CITY          STATE          ZIP CODE          AREA CODE/PHONE

COUNTY OF DOMICILE
Ventura County  City of Oxnard

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Sade Flores-Haro

STREET ADDRESS (NO P.O. BOX)
1937 Lago Lane

CITY          STATE          ZIP CODE          AREA CODE/PHONE
Oxnard         CA             93036          8053512010

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY          STATE          ZIP CODE          AREA CODE/PHONE

COUNTY OF DOMICILE
Ventura County  City of Oxnard

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 1/30/17 by

Executed on 1/30/17 by

Executed on

Executed on

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
Genevieve Flores-Haro for Oxnard City Council 2016

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>NAME ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabobank</td>
<td>8052401440</td>
<td>REDACTED</td>
</tr>
</tbody>
</table>

ADDRESS
155 A St
Oxnard CA 93030

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 PROONENT</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></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 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>

FPPC Form 410 (Jan/2016)
FPPC.Advice: advice@fppc.ca.gov (866/375-5773)
www.fppc.ca.gov