

Rejected: _____
Returned: _____

11-15-16

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

2017

Amendment
List I.D. number:

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

1394768

1394768

11, 9, 2016

Received
Oxnard City Clerk
2016 NOV 10 PM 4: 06
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

CALIFORNIA FORM 410
For Official Use Only

NOV 14 2016

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

1. Committee Information

NAME OF COMMITTEE

Armando Sepulveda for Oxnard Mayor 2016

STREET ADDRESS (NO P.O. BOX)

901 Ebony Drive 805 469 4778

CITY

Oxnard CA 93030

MAILING ADDRESS (IF DIFFERENT)

Sepulveda 4 change 2016 @ 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

Oxnard CA 93036

FEB 23 2017

805 815 7761

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

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

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

11-9-2016

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

Page 2

COMMITTEE NAME

Armando Sepulveda for Oxnard Mayor 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 805-382-9000	BANK ACCOUNT NUMBER REDACTED
ADDRESS 533 W. Channel Islands Blvd	CITY Port Hueneme	STATE ZIP CODE CA

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
Armando Sepulveda	Mayor	2016	<input type="checkbox"/> Nonpartisan Democrat
			<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"/>