1. Committee Information

NAME OF COMMITTEE: Armando Sepulveda for Oxnard Mayor 2016

STREET ADDRESS (NO P.O. BOX): 901 Ebony Drive
CITY: Oxnard
STATE: CA
ZIP CODE: 93035

MAILING ADDRESS (DIFFERENT): Sepulveda 4 change 2016 @ gmail.com
FAX/E-MAIL ADDRESS:

CITY: Oxnard
STATE: CA
ZIP CODE: 93035

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
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 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:

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 Colon
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11-9-2016
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

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

Arramdo Sepulveda for Oxnard Mayor 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>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank</td>
<td>805-382-900</td>
<td>REDACTED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>533 W. Channel Islands Blvd</td>
<td>Port Hueneme</td>
<td>CA</td>
<td></td>
</tr>
</tbody>
</table>

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 PROPONENT</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>Armandp Sepulveda</td>
<td>Mayor</td>
<td>2016</td>
<td>Democrat</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>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
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