

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee
 08 / 27 / 2016
 Date qualified as committee Date of termination

Received
Oxnard City Clerk
Date Stamp
2018 JUL 24 PM 2:14

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

1. Committee Information I.D. Number (if applicable) 1389848 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Committee to Elect Michelle Ascencion for Oxnard City Clerk 2020

STREET ADDRESS (NO P.O. BOX)
1981 Jeffreys Place

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033 (805) 212-0166

MAILING ADDRESS (IF DIFFERENT)
same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
michelle4oxnardcityclerk@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura City of Oxnard

NAME OF TREASURER
Michelle Ascencion

STREET ADDRESS (NO P.O. BOX)
1981 Jeffreys Place

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033 (805) 212-0166

NAME OF ASSISTANT TREASURER, IF ANY
none

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Michelle Ascencion

STREET ADDRESS (NO P.O. BOX)
1981 Jeffreys Place

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Oxnard CA 93033 (805) 212-0166

JUL 27 2018

2018 AUG 29 AM 11:11
Received
Oxnard City Clerk

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 July 24, 2018 By Michelle Ascencion
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 24, 2018 By Michelle Ascencion
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent