1. Committee Information

NAME OF COMMITTEE: Tai M. Hartley For City of Oxnard District 2

STREET ADDRESS (NO P.O. BOX):
371 Feather River Place

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805-236-6693

2. Treasurer and Other Principal Officers

NAME OF TREASURER:
Tai M. Hartley

ADDRESS (NO P.O. BOX):
371 Feather River Place, OX, 93036

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805-236-6693

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS (IF DIFFERENT):

E-MAIL ADDRESS (REQUIRED), FAX (OPTIONAL):
Tai.Hartley.Oxnard@gmail.com

COUNTY OF DOMICILE:
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE:
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 8/6/2018

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/6/2018

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPCC Form 410 (February/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

Tai M. Hartley for Oxnard City Council

> **District 2**

- 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>U.S. Bank</td>
<td>805-604-2200</td>
<td>157519865776</td>
</tr>
</tbody>
</table>

**ADDRESS**

2385 N. Oxnard Blvd.

**CITY**

Oxnard

**STATE**

CA

**ZIP CODE**

93036

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.” Stating “No party preference” is acceptable.

- 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>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tai M. Hartley</td>
<td>City of Oxnard Council District 2</td>
<td>2018</td>
<td>Nonpartisan</td>
<td>Republican</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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)
| IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. |
| CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) |

<table>
<thead>
<tr>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

**FPPC Form 410 (February/2018)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
4. Type of Committee

- General Purpose Committee
  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
  - [ ] CITY Committee
  - [ ] COUNTY Committee
  - [X] STATE Committee
  - [ ] Political Party/Central Committee

Provide brief description of activity

Campaign endorsement

- Sponsored Committee
  List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET</td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

- Small Contributor Committee
  [ ]
  Date qualified

5. Termination Requirements

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.