Statement of Organization Recipient Committee

Statement Type ☐ Initial ☐ Amendment ☐ Termination – See Part 5

Date qualified as committee
08/06/2018

Date of termination

1. Committee Information

NAME OF COMMITTEE
Tai M. Hartley for Oxnard City Council - District 2, 2018

STREET ADDRESS (NO P.O. BOX)
371 Feather River Place
Oxnard, CA 93036

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

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Tai M. Hartley

STREET ADDRESS (NO P.O. BOX)
371 Feather River Place
Oxnard, CA 93036

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

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

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 08/29/2018

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/29/2018

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
- 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>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2385 N. Oxnard Blvd.</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</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." 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>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tai M. Hartley</td>
<td>City of Oxnard Council District 2</td>
<td>2018</td>
<td>Nonpartisan Partisan</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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHECK ONE</td>
</tr>
</tbody>
</table>