Statement of Organization Recipient Committee

Statement Type: □ Initial

☑ Date qualified as committee 08 / 06 / 2018

☐ Amendment

☐ Termination – See Part 5

Date qualified as committee

Date of termination

1. Committee Information

I.D. Number (If applicable)

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

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

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
805-236-6693

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Tai M. Hartley

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

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
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

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 8/26/2018 By

Executed on 8/28/2018 By

Executed on By

Executed on By

FPPC Form 410 [February/2018]
FPPC 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 - 2018

- 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 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>Tai M. Hartley</td>
<td>City of Oxnard Council District 2</td>
<td>2018</td>
<td>Nonpartisan Partisan (list political party below) Republican</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan Partisan (list political party below)</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>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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