**Statement of Organization**

**Recipient Committee**

**Statement Type**

- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**Committee Information**

- **I.D. Number (if applicable):** 1389848
- **Committee:** Committee to Elect Michelle Ascencio for Oxnard City Clerk 2020

**Address Information**

- **STREET ADDRESS (NO P.O. BOX):** 1981 Jeffreys Place
- **CITY:** Oxnard
- **STATE:** CA
- **ZIP CODE:** 93033
- **AREA CODE/PHONE:** (805) 212-0122

**E-Mail Address:** michelle4oxnardcityclerk@gmail.com

**County of Domicile:** Ventura

**Jurisdiction Where Committee is Active:** Oxnard

**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 January 10, 2019**

**By:** [Signature]

**By:** [Signature]

**By:** [Signature]

**By:** [Signature]

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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

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>same as previously reported</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS
<p>|</p>
<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

4. Type of Committee  Complete the applicable sections.

<table>
<thead>
<tr>
<th>controlled committee</th>
</tr>
</thead>
</table>

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</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Ascencion</td>
<td>City Clerk - Oxnard</td>
<td>2020</td>
<td>Nonpartisan Partisan</td>
</tr>
</tbody>
</table>

|controlled 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>CHECK ONE</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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