

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 2019 JAN 29 PM 4:18 08 / 27 / 2016	Date of termination ____ / ____ / ____

Received  
Oxnard City Clerk

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2019 RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California  
JAN 14 2019

**CALIFORNIA  
FORM 410**  
For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> (if applicable) 1389848	<b>2. Treasurer and Other Principal Officers</b>
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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

FULL MAILING ADDRESS (IF DIFFERENT)  
same

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	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) 212-0122

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

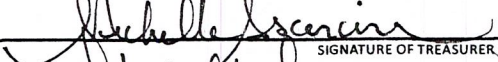
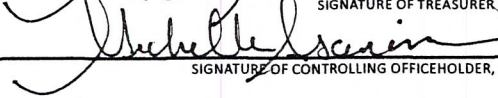
STREET ADDRESS (NO P.O. BOX)  
1981 Jeffreys Place

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

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	January 10, 2019	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	January 10, 2019	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

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Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

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

I.D. NUMBER  
1389848

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION same as previously reported	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Michelle Ascencion	City Clerk - Oxnard	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

**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)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>