Statement of Organization
Recipient Committee

1. Committee Information  I.D. Number (If applicable) 1409925

NAME OF COMMITTEE
Elizabeth White for City Council 2018

STREET ADDRESS (NO P.O. BOX)
5280 Cypress Road

Oxnard

CITY
STATE
ZIP CODE
AREA CODE/PHONE

5280 Cypress Road
CA
93033
8056079603

NAME OF TREASURER
Elizabeth White

STREET ADDRESS (NO P.O. BOX)

5280 Cypress Road

CITY
STATE
ZIP CODE
AREA CODE/PHONE

Oxnard
CA
93033
8056079603

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Elizabeth White

STREET ADDRESS (NO P.O. BOX)

5280 Cypress Road

CITY
STATE
ZIP CODE
AREA CODE/PHONE

Oxnard
CA
93033
8056079603

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of 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 12/31/2018

Signed

By

Signature of Treasurer or Assistant Treasurer

Executed on 12/31/2018

Signed

By

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

Executed on 12/31/2018

Signed

By

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

Executed on 12/31/2018

Signed

By

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (855/275 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>Bank of America</td>
<td>805-278-4508</td>
<td></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>1855 N. Oxnard Boulevard</td>
<td>Oxnard</td>
<td>CA</td>
<td>93033</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>Elizabeth White</td>
<td>City of Council Member (District 5)</td>
<td>2018</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✔</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>
<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>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

4. Type of Committee
(Continued)

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 ☐ STATE Committee

Provide Brief Description of Activity
Elizabeth White for City Council 2018

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee ☐ Date qualified

5. Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- 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.