Statement of Organization
Recipient Committee

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

Date qualification threshold met
10/20/2016

Date of termination
12/31/2016

Committee Information

NAME OF COMMITTEE
David Albanese for Oxnard City Council 2016

STREET ADDRESS (NO P.O. BOX)
1933 South F Street

CITY
Oxnard

STATE
CA

ZIP Code
93030

AREA CODE/PHONE
(805) 947-6370

I.D. Number
(If applicable)

Treasurer and Other Principal Officers

NAME OF TREASURER
David Albanese

STREET ADDRESS (NO P.O. BOX)
1933 South F Street

CITY
Oxnard

STATE
CA

ZIP Code
93030

AREA CODE/PHONE
(805) 947-6370

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP Code

AREA CODE/PHONE

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

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oxnard

Additional information on appropriately labeled continuation sheets.

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 8/26/2019

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/26/2019

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (August/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
David Albanese for Oxnard City Council 2016

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

NAME OF FINANCIAL INSTITUTION
Bank of America

AREA CODE/PHONE
(805) 288-3002

BANK ACCOUNT NUMBER
Redacted

ADDRESS
670 Town Center Drive

CITY
Oxnard

STATE
CA

ZIP CODE
93036

Type of Committee
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>David Albanese</td>
<td>Oxnard City Council</td>
<td>2016</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:

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)

<table>
<thead>
<tr>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
</tr>
<tr>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

SUPPORT

OPPOSE

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