

1420773

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met
10 / 20 / 2016

Amendment
Date qualification threshold met
___ / ___ / ___

Termination - See Part 5
Date of termination
12 / 31 / 2016

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 27 2019
CALIFORNIA FORM 410
For Official Use Only
2019 SEP 10 PM 2:04

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
David Albanese for Oxnard City Council 2016

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

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805) 947-6370

FULL MAILING ADDRESS (IF DIFFERENT)
135 Magnolia Ave., Oxnard, CA 93030

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Albanese

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

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805) 947-6370

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)

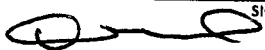
CITY STATE ZIP CODE AREA CODE/PHONE

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 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

David Albanese for Oxnard City Council 2016

I.D. NUMBER

- 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

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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
David Albanese	Oxnard City Council	2016	<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"/>