

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 6
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	01, 24, 21

Oxnard City Clerk  
Date Stamp  
2021 JAN 25 PM 1:56

**CALIFORNIA FORM 410**  
For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number (If applicable)</b> 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

**CITY** Oxnard **STATE** CA **ZIP CODE** 93033 **AREA CODE/PHONE** [REDACTED]

**FULL MAILING ADDRESS (IF DIFFERENT)**  
same

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

**COUNTY OF DOMICILE** Ventura **JURISDICTION WHERE COMMITTEE IS ACTIVE** Oxnard

**NAME OF TREASURER**  
Michelle Ascencion

**CITY** Oxnard **STATE** CA **ZIP CODE** 93033 **AREA CODE/PHONE** [REDACTED]

**NAME OF ASSISTANT TREASURER, IF ANY**  
none

**NAME OF PRINCIPAL OFFICER(S)**  
Michelle Ascencion

**CITY** Oxnard **STATE** CA **ZIP CODE** 93033 **AREA CODE/PHONE** [REDACTED]

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 this statement is true and correct.

Executed on 1/24/21 By \_\_\_\_\_  
DATE

Executed on 1/24/21 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent