

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

_____/_____/_____
Date qualified as committee
(if applicable)

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1. Committee Information

NAME OF COMMITTEE

Armando Sepulveda for Oxnard Mayor 2016

STREET ADDRESS (NO P.O. BOX)

1901 Ebony Drive

CITY

Oxnard

STATE

CA

ZIP CODE

93030

AREA CODE/PHONE

(805)469-4778

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

Sepulveda4change2016@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Melissa Stevens-Colon

STREET ADDRESS (NO P.O. BOX)

1901 Hober Walk Suite 310

CITY

Oxnard

STATE

CA

ZIP CODE

93036

AREA CODE/PHONE

8058157761

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 10/24/2016 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/24/2016 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

~~Armando Sepulveda for Oxnard Mayor 2016~~

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (805) 382-8900	BANK ACCOUNT NUMBER 2516724636
ADDRESS 533 W Channel Islands Blvd	CITY	STATE CA
		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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	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"/>