

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
 08 / 27 / 2016  
 Date qualified as committee Date of termination

Received  
Oxnard City Clerk  
2018 JUL 24 PM 2:14

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 1389848 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Committee to Elect Michelle Ascencion for Oxnard City Clerk 2020

STREET ADDRESS (NO P.O. BOX)  
1981 Jeffreys Place

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93033 (805) 212-0166

MAILING ADDRESS (IF DIFFERENT)  
same

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

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

NAME OF TREASURER  
Michelle Ascencion

STREET ADDRESS (NO P.O. BOX)  
1981 Jeffreys Place

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93033 (805) 212-0166

NAME OF ASSISTANT TREASURER, IF ANY  
none

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
Michelle Ascencion

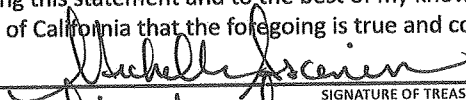
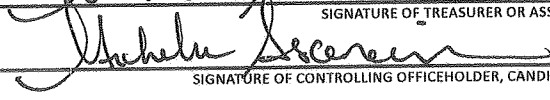
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Attach additional information on appropriately labeled continuation sheets.

**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 July 24, 2018 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on July 24, 2018 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