

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
2021 FEB 23 PM 4:22
Date qualification threshold met

Termination - See Part 5
Date of termination
01, 24, 21

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
Oxnard City Clerk
JAN 28 2021
Date Stamp
Oxnard City Clerk
JAN 25 PM 1:56

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

NAME OF TREASURER

Michelle Ascencion

CITY

Oxnard

STATE

CA

ZIP CODE

93033

AREA CODE/PHONE

(805) 212-0166

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

CITY

Oxnard

STATE

CA

ZIP CODE

93033

AREA CODE/PHONE

(805) 212-0122

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

STREET ADDRESS (NO P.O. BOX)

CITY

Oxnard

STATE

CA

ZIP CODE

93033

AREA CODE/PHONE

(805) 212-0166

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

Executed on

1/24/21
DATE

By

AT TREASURER

Executed on

1/24/21
DATE

By

OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT