

**Statement of Organization
Recipient Committee**

Date Stamp
Oxnard City Clerk

2019 JAN 10 AM 9:36

**CALIFORNIA
FORM 410**
For Official Use Only

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>08 / 27 / 2016</u>	Date of termination ____ / ____ / ____

1. Committee Information	I.D. Number <i>(if applicable)</i> <u>1389848</u>	2. Treasurer and Other Principal Officers
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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

FULL MAILING ADDRESS (IF DIFFERENT)
same

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	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) 212-0122

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

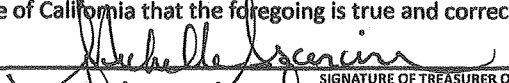
STREET ADDRESS (NO P.O. BOX)
1981 Jeffreys Place


CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93033	(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 California that the foregoing is true and correct.

Executed on January 10, 2019 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on January 10, 2019 By 
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

COMMITTEE NAME Committee to Elect Michelle Ascencion for Oxnard City Clerk 2020	I.D. NUMBER 1389848
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION same as previously reported	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE 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." 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	
Michelle Ascencion	City Clerk - Oxnard	2020	<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"/>