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CALIFORNIA  
FORM 410  
For Official Use Only

Statement of Organization  
Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5  
Not yet qualified  or List I.D. number: # 1389232  
Date qualified as committee \_\_\_\_\_ Date qualified as committee (if applicable) \_\_\_\_\_ Date of Termination 1/30/17

1. Committee Information

NAME OF COMMITTEE  
Genevieve Flores-Haro for Oxnard City Council 2016  
STREET ADDRESS (NO P.O. BOX)  
1937 Lago Lane  
CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93036 8053512010  
MAILING ADDRESS (IF DIFFERENT)  
FAX / E-MAIL ADDRESS  
gfh4occ@gmail.com  
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Ventura County City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Sade Flores-Haro  
STREET ADDRESS (NO P.O. BOX)  
1937 Lago Lane  
CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93036 8053512010  
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 1/30/17 By \_\_\_\_\_  
DATE SIGNATURE OF THE TREASURER OR ASSISTANT TREASURER  
Executed on 1/30/17 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

FPPC Form 410 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

Copy filed  
locally  
on 1/30/17

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME  
Genevieve Flores-Haro for Oxnard City Council 2016

I.D. NUMBER  
1389232

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

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE 8052401440	BANK ACCOUNT NUMBER REDACTED
ADDRESS 155 A St	CITY Oxnard	STATE ZIP CODE CA 93030

**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"/>