

Received
Oxnard City Clerk

2017 JAN 31 PM 4:33

**Statement of Organization
Recipient Committee**

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

Date Stamp	CALIFORNIA FORM 410
For Official Use Only	

1. Committee Information **2. Treasurer and Other Principal Officers**

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

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 Sade Flores-Haro
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 1/30/17 By Genevieve Flores-Haro
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**
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COMMITTEE NAME
Genevieve Flores-Haro

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"/>