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	O Date qualified as	committee ——/	as committee	Date of	/ f termination		0.000		And the second
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1. Committee li		I.D. Number			3 7 4	0.1			
T. COMMINGER II	mormation .	(if applicable)			2. Ireasurer and	Other Principal Off	icers		Enderson
NAME OF COMMITTEE Tai M. Hartley Fo	or-Gity of Oxnard D	vistrict-2 Omman	derly	Cour	NAME OF TREASURER	idd Ja	J. M. Y	la Al	
	· . // -	1 cen	<i>a</i> /		37/ Fac.	The Liver C	24 956	76 236-61	697
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371 Feather Rive					Cogna	nd			a
CITY		STATE ZIP CODE	AREA CODE/PHO		NAME OF ASSISTANT TREASURER	R, IF ANY			
Oxnard		CA 93036	805-236-669	93	STREET ADDRESS (NO P.O. BOX)				24
MAILING ADDRESS (IF D	IFFERENT)				STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQU	IRED) / FAX (OPTIONAL)				CITY	STAT	E ZIP CODE	AREA CODE/PHONE	3
Tai.Hartley.Oxna	rd@gmail.com								
COUNTY OF DOMICILE	JURISI	DICTION WHERE COMMITTEE IS ACTIV	/E	topographica programme printeriores	NAME OF PRINCIPAL OFFICER(S)				1
Ventura	Oxn	nard							
CONTRACTOR AND THE PROPERTY OF			- Commence de Sommen de Production de La commence d	Sinisa Nieli Kilani yy Tyssydian i Sulia dashyyas	STREET ADDRESS (NO P.O. BOX)				•
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Attach additional	information on app	ropriately labeled contin	uation sheets.		CITY	STAT	TE ZIP CODE	AREA CODE/PHONE	
									100 SE)
3. Verification									William Company
		in preparing this statem f the State of California			knowledge the informa	tion contained herein is	true and complet	a. I certify under	
		Tule State of Camorina	Hat the longe	ing is thee o	alla correct.				
Executed on	8/6/8-018 11 BATE	By		SIGNATURE C	OF TREASURER OR ASSISTANT TREASU	RER			
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and de la contraction of the con	DATE	- Vy	SIGNATURE OF	CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
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	DATE		SIGNATURE OF	CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	DATE	By	SIGNATURE OF	CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			

Statement of Organization **CALIFORNIA Recipient Committee** FORM INSTRUCTIONS ON REVERSE Page 2 LD. NUMBER COMMITTEE NAME Tai M. Hartley for Oxnard City Council All committees must list the financial institution where the campaign bank account is located.

·					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER			
U.S. Bank	805-604-2200	157519865776	•		
ADDRESS	CITY	STATE	ZIP CODE		
2385 N. Oxnard Blvd.	Oxnard	CA	93036		
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	IDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT			PARTY CHECK ONE				
Tai M. Hartley	City of ©	Dxnard Council District 2:	2018	Nonpartisan		Republican		
				Nonpartisan	Partisan	(list political party	beløw)	
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. OF LET 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	
Consensation operations and contract and con						SUPPORT	OPPOSE	

Statement of Organization Recipient Committee

CALIFORNIA FORM

INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER

Tai M. Hartley for Oxnard City Council District 2 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ☑ Political Party/Central Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Campaign endorsement Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR ZIP CODE AREA CODE/PHONE STREET ADDRESS NO. AND STREET CITY STATE

Small Contributor Committee

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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