

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee
 Date qualified as committee: 08 / 06 / 2018
 Date of termination: _____

Received Date Stamp
 Oxnard City Clerk
 2018 AUG 20 AM 8:47

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Tai M. Hartley for Oxnard City Council - District 2, 2018

STREET ADDRESS (NO P.O. BOX)
 371 Feather River Place

CITY STATE ZIP CODE AREA CODE/PHONE
 Oxnard CA 93036 805-236-6693

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 Tai.Hartley.Oxnard@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Ventura Oxnard

NAME OF TREASURER
 Tai M. Hartley

STREET ADDRESS (NO P.O. BOX)
 371 Feather River Place

CITY STATE ZIP CODE AREA CODE/PHONE
 Oxnard CA 93036 805-236-6693

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 8/20/2018 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 8/20/2018 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Received
Oxnard City Clerk

CALIFORNIA
FORM **410**

2018 AUG 20 AM 8:47

COMMITTEE NAME

Tai M. Hartley for Oxnard City Council District 2 - 2018

Page 2

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION U.S. Bank	AREA CODE/PHONE 805-604-2200	BANK ACCOUNT NUMBER 157519865776	
ADDRESS 2385 N. Oxnard Blvd.	CITY Oxnard	STATE CA	ZIP CODE 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Tai M. Hartley	City of Oxnard Council District 2	2018	<input type="checkbox"/>	<input type="checkbox"/>	Republican
			<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"/>