

SEP 22 2016

1136 DK  
City Clerk

1389232

### Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

8 / 17 / 2016  
Date qualified as committee

# \_\_\_\_\_  
Date qualified as committee (if applicable)

# \_\_\_\_\_  
Date of Termination

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California  
AUG 24 2016

R/f

### 1. Committee Information

NAME OF COMMITTEE

Genevieve Flores-Haro for Oxnard City Council 2016

STREET ADDRESS (NO P.O. BOX)

1937 Lago Ln

CITY

Oxnard

STATE

CA 93036

ZIP CODE

AREA CODE/PHONE

(805)351-2010

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

GFH4OCC@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Oxnard

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Sade Flores-Haro

STREET ADDRESS (NO P.O. BOX)

1937 Lago Ln.

CITY

Oxnard

STATE

CA 93036

ZIP CODE

AREA CODE/PHONE

(805)351-2010

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

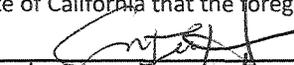
ZIP CODE

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 8/16/16 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/16/16 By  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

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COMMITTEE NAME  
Genevieve Flores-Haro for Oxnard City Council 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE (805)240-1440	BANK ACCOUNT NUMBER 68530564	
ADDRESS 155 S A St	CITY Oxnard	STATE CA	ZIP CODE 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
Genevieve Flores-Haro	Oxnard City Councilmember	2016	<input checked="" 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"/>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Genevieve Flores-Haro for Oxnard City Council 2016

I.D. NUMBER

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

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;
- 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.