## Received Oxnard City Clerk

## 2017 FEB 27 AM 8: 09

Statement of Organization Recipient Committee					RE	CEM	ED A	AD_FIL cretary of S California	EB State BAL	IFORNIA 410		
Statement Type	Not yet q	ial ualified  or	Amendment List I.D. number: # 1389232  Date qualified as committee (# applicable)	Terminati List I.D. number # 1389232 1	2 17	ā	State of C			For Official Use Only		
1. Committee		ion		2	. Treasurer ar		r Princip	al Officers				
NAME OF COMMITT		o for Ownerd C	City Council 2016	NAME OF TREASURER								
Gelievieve r		Sade Flores-Haro										
					1937 Lago							
STREET ADDRESS (N	O P.O. BOX)	7*/***********************************		-	an Lago	Lanc	***********************	STATE	ZIP CODE	AREA CODE/PHONE		
1937 Lago L	.ane				Oxnard			CA	93036	8053512010		
CITY		STATE	ZIP CODE AREA CODE/PI		NAME OF ASSISTANT TO	reasurer, if a	SŞY	in a section of the s		distribution of the second		
***************************************	Oxnard CA 93036 8053512010											
MAILING ADDRESS (	IF DIFFERENT)				STREET ADDRESS (NO P	LO. BOX)						
FAX / E-MAIL ADDRE	SS			ntiki deniki kamaning danga paga	an			STATE	ZIP CODE	AREA CODE/PHONE		
gfh4occ@gn	nail.com									,		
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE					NAME OF PRINCIPAL OFFICER(S)							
Ventura Cou	inty	City of Ox	nard									
					STREET ADDRESS (NO P	.O. BOX)		alman la della transcribe entra la la della d		SALANNA CAULA MODITANNA TATONINOS TATONINOS TATONINOS TATONINOS TATONINOS TATONINOS TATONINOS TATONINOS TATONIN		
Attach addition	nal information	on on appropriately	labeled continuation sheets	:	CITY	OTHER DESIGNATION OF STREET STREET	Marine Carlo and Angelogic	STATE	ZIP CODE	area code/phone		
3. Verification												
I have used a	II reasonable	diligence in prepar	ing this statement and to th	e best of my k	nowledge the in	formation	containe	d herein is tr	ue and comp	lete. I certify under		
		he laws of the Stati	e of California that the foreg	oing is true an	d correct.							
Executed on 1	1/30/17	Вγ		SIL	STA	Maria de Caractería de Car			THE THE PARTY AND THE PARTY AN			
Executed on 1	1/30/17	By	HW U SIGNATURE O	15th 1	JENSURUM OR ASSISTANT	lan	URE PROPONER	IT	ESTACHE INVOICED TO CANADIMENT CHEE			
Executed on	DAT	Ву		The WM 440 And the continuous sensition in con-		encenoentencene	· ·					
Evenuetra d. a.:	DAI		SIGNATURE O	F CONTROLLING OFFIC	CEHOLDER, CANDIDATE, C	OR STATE MEAS	URE PROPONEN	n .				
Executed on	AND THE PROPERTY OF THE PROPER	Ву	SIGNATURE C	F CONTROLLING OFFI	CEHOLDER, CANDIDATE, (	OR STATE MEAS	URE PROPONE					

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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE					C,	ALIFORNIA 410	
COMMITTEE NAME Genevieve Flores-Haro for Oxnard City Council 2010	6				- 1	<sup>имвек</sup> 89232	
<ul> <li>All committees must list the financial institution where the campaign ba</li> </ul>	nk accoun	t is located.					
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOU				
Rabobank	805	2401440	ACTED				
ADDRESS	CITY		STATE	ZIP CODE			
155 A St	Oxn	ard	CA	93030			
4. Type of Committee Complete the applicable sections.							
Controlled Committee							
<ul> <li>List the name of each controlling officeholder, candidate, or state a district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate is</li> </ul>			ceholder o	ontrolled, also list the	e electi	ve office sought or held, and	
If this committee acts jointly with another controlled committee, li	ist the nai	me and identification number o	if the othe	r controlled committe	ee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HE (INCLUDE DISTRICT NUMBER IF APPLI	YEAR OF ELEC		PARTY		
	anous marke iliya ilikoba	<del>governi, koje (3 open) ku i ki pie pr</del> avirona sa ustavano sa ostavano sa ostava si sa ostava si sa ostava si deve	ownerson management of		<b>X</b>	Nonpartisan	
		<u>na neuroscentro de la Rabacción arcadorio delición restrucción de Cerejo de Adolfordo de </u>	<del></del>			Monpartisan	
Primarily Formed Committee Primarily formed to support or op	pose spec	ific candidates or measures in a	a single ele	ection. List below:		op Menendig et gruppen op de een stat stat de de een dit de een di	
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)  CHECK ONE							
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/						SUPPORT OPPOSE	

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