

**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 _____ Date of termination _____

Date Stamp SAN BUENA VENTURA CITY CLERK	CALIFORNIA FORM 410
18 NOV -5 P4:42	For Official Use Only

1. Committee Information	I.D. Number (if applicable) <u>1408257</u>	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Sofia Rubalcava for Ventura City Council 2018

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY
[REDACTED]

AREA CODE/PHONE
(805) 701-7971

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Sofia.rubalcava@gmail.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura

NAME OF TREASURER
Gabriela Rodriguez

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY
[REDACTED]

AREA CODE/PHONE
(805) 844-8530

NAME OF ASSISTANT TREASURER, IF ANY
Sofia Rubalcava

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY
[REDACTED]

AREA CODE/PHONE
(805) 701-7971

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

9. 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 information provided is true and correct.

Executed on 11-5-18 By [REDACTED] ASSISTANT TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Sofia Rubalcava for Ventura City Council 2018

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I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION

Ventura County Credit Union

AREA CODE/PHONE

(805) 477-4000

BA

ADD

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	
<i>Sofia Rubalcava</i>	<i>Ventura City Council-District 1</i>	<i>2018</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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"/>