

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
 Not yet qualified  
 or  
 Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SAN BUENA VENTURA  
CITY CLERK

Amendment  
 19 JAN 29 P3:10  
 Termination - See Part 4  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee Date of termination

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**JAN 10 2019**

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 1408257 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Sofia Rubalcava for Ventura City Council 2018

MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 AREA CODE/PHONE  
(805) 701-7971

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Ventura Ventura

NAME OF TREASURER  
Gabriela Rodriguez

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_ (805) 844-8530

NAME OF ASSISTANT TREASURER, IF ANY  
Sofia Rubalcava

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_ (805) 701-7971

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

Executed on 11-5-18 By \_\_\_\_\_  
 DATE SIGNER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

*Sofia Rubalcava for Ventura City Council 2018*

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <i>Ventura County Credit Union</i>	AREA CODE/PHONE <i>(805) 477-4000</i>	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
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**Controlled Committee**

**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"/>	(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"/>