

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp

RECEIVED

7/30/2020

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p>I.D. Number <small>(if applicable)</small></p> <p>NAME OF COMMITTEE <i>Re-Elect Sylvia Muñoz Schnopp for City Council 2020</i></p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <i>Port Hueneme CA 93041 [REDACTED]</i></p> <p>FULL MAILING ADDRESS (IF DIFFERENT)</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>reelectsylvia4council@gmail.com</i></p> <p>COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE <i>Ventura Port Hueneme</i></p>	<p>NAME OF TREASURER <i>Sylvia Muñoz Schnopp</i></p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <i>Port Hueneme CA 93041 [REDACTED]</i></p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX)</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p>
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>	

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 7/29/2020 By [REDACTED]

Executed on 7/29/2020 By [REDACTED]

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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Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Re-Elect Sylvia Muñoz Schnapp for City Council 2020

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

NAME OF FINANCIAL INSTITUTION <i>pending</i>	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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	PARTY CHECK ONE		
<i>Sylvia Muñoz Schnapp</i>	<i>Part 7 Veneme City Council</i>	<i>2020</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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