

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # 134 8795
 Date qualified as committee: _____ Date qualified as committee (if applicable): _____ Date of Termination: _____

Date Stamp SEP 29 '16 PM 5:38 Received Watsonville City Clerk	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information
NAME OF COMMITTEE

Felipe Hernandez for City Council
 STREET ADDRESS (NO P.O. BOX)
120 Ford Street
 CITY STATE ZIP CODE AREA CODE/PHONE
Watsonville CA 95076 (831) 707-4392
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE: Santa Cruz County JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER

Mania R. Orozco
 STREET ADDRESS (NO P.O. BOX)
68 Herman Ct.
 CITY STATE ZIP CODE AREA CODE/PHONE
Watsonville CA 95076 (831) 254-1532
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Felipe Hernandez
 STREET ADDRESS (NO P.O. BOX)
120 Ford Street
 CITY STATE ZIP CODE AREA CODE/PHONE
Watsonville CA 95076 (831) 707-4392

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 9/22/16 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 9/22/16 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

CALIFORNIA FORM **410**

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COMMITTEE NAME

Felipe Hernandez for City Council

I.D. NUMBER

1348795

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

NAME OF FINANCIAL INSTITUTION <i>Santa Cruz Community Credit Union</i>	AREA CODE/PHONE <i>(831) 425-7708</i>	BANK ACCOUNT NUMBER <i>53590</i>
ADDRESS <i>324 Front Street</i>	CITY <i>Santa Cruz</i>	STATE ZIP CODE <i>CA 95060</i>

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
			<input 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"/>