

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# 1308728

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

NOV. 4, 2008  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

AUG 15 2016  
City Clerk

CALIFORNIA  
FORM **410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

AL VELASQUEZ FOR COUNCILMAN 2016

STREET ADDRESS (NO P.O. BOX)

133 BOTTLEBRUSH COURT

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD CA. 93030 (805) 486-9088

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

FAX (805) 486-9088

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

BETTY VELASQUEZ

STREET ADDRESS (NO P.O. BOX)

133 BOTTLEBRUSH COURT

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD CA. 93030 (805) 486-9088

NAME OF ASSISTANT TREASURER, IF ANY

AL VELASQUEZ

STREET ADDRESS (NO P.O. BOX)

133 BOTTLEBRUSH COURT

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD CA. 93030 (805) 486-9088

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 of California that the foregoing is true and correct.

Executed on 8/12/2016 By Betty Velasquez  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/12/2016 By Al Velasquez  
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