Recipient Committee  Statement Type   Initial   Not yet qualified   Or   List I.D. number:   H   308728   H   AUG 16 2016    1. Committee Information   NAME OF COMMITTEE   Date qualified as committee   (If applicable)   Date of Termination    2. Treasurer and Other Principal Officers   NAME OF TREASURER   STREET ADDRESS (NO P.D. BOX)   List I.D. number:   List I.D	ACCORDINATION CONTRACTOR OF THE PARTY OF THE
AL VELASQUEZ. FOR COUNCILMAN 2016  STREET ADDRESS (NO PO. BOX)  133 BOHLEBRUSH COURT CITY STATE ZIP CODE  AREA CODE/PHONE  MAILING ADDRESS (IN O PO. BOX)  CITY STATE ZIP CODE  AREA CODE/PHONE  MAILING ADDRESS (IN O PO. BOX)  FAX (805) 486-9088  COUNTY OF DOMICILE  NAME OF TREASURER  BEHV VELASQUEZ  STREET ADDRESS (IN O PO. BOX)  LITY STATE ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  STREET ADDRESS (IN O PO. BOX)  STREET ADDRESS (IN O PO. BOX)  LITY STATE ZIP CODE  CITY STATE ZIP CODE  COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE  NAME OF PRINCIPAL OFFICER(S)	iciał Use Only
AL VELASQUEZ FOR COUNCILMAN 2016  STREET ADDRESS (NO P.O. BOX)  133 BOHLEBRUSH COURT  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS (IN DIFFERENT)  FAX / E-MAIL ADDRESS  COUNTY OF DOMICILE  AREA COMMITTEE IS ACTIVE  STREET ADDRESS (NO P.O. BOX)  LANARD  CITY STATE ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BOX)  CITY STATE  STATE  ZIP CODE  CXNARD  CH. 93030 (8  STREET ADDRESS (NO P.O. BOX)  LANARD  STREET ADDRESS (NO P.O. BOX)  STATE  STATE  STATE  ZIP CODE  CXNARD  CITY  STATE  ZIP CODE  CXNARD  CH. 93030 (8  CXNARD  CH. 94004 (8  CXNARD  CH. 94004 (8  CXNARD  CH. 94004 (8  CXNARD  CH.	
STREET ADDRESS (NO P.O. BOX)  133 BOHLEBRUSH COURT CITY STATE ZIP CODE  AREA CODE/PHONE  OXNARD CH. 93030 (805) H86-9088  MAILING ADDRESS (IF DIFFERENT)  FAX (805) 486-9088  COUNTY OF DOMICILE  CITY STATE ZIP CODE  AREA CODE/PHONE  STREET ADDRESS (NO P.O. BQX)  133 BOHLEBRUSH COURT CITY STATE ZIP CODE  STREET ADDRESS (NO P.O. BQX)  CITY STATE ZIP CODE  OXNARD CITY STATE ZIP CODE  OXNARD  NAME OF PRINCIPAL OFFICER(S)  NAME OF PRINCIPAL OFFICER(S)	
STREET ADDRESS (NO P.O. BOX)  133 BOHLEBRUSH COURT CITY STATE ZIP CODE  AREA CODE/PHONE  OXNARD CH. 93030 (805) H86-9088  FAX/E-MAIL ADDRESS COUNTY OF DOMICILE  OXNARD CH. 93030 (805) H86-9088  CITY  STATE ZIP CODE  OXNARD CH. 93030 (805) H86-9088  AREA CODE/PHONE  AREA CODE/PHONE  NAME OF ASSISTANT TREASURER, IF ANY  ALVELAS QUEZ  STREET ADDRESS (NO P.O. BOX)  LI33 BOHLEBRUSH COURT CITY  STATE ZIP CODE  OXNARD CH. 93030 (805) H86-9088  CITY  NAME OF PRINCIPAL OFFICER(S)  NAME OF PRINCIPAL OFFICER(S)	
CITY STATE ZIP CODE AREA CODE/PHONE  (OXNARD C.H. 93030 (805) H86-9088  MAILING ADDRESS (IF DIFFERENT)  FAX / E-MAIL ADDRESS  FAX (805) H86-9088  COUNTY OF DOMICILE  STATE ZIP CODE  AREA CODE/PHONE  STATE ZIP CODE  CH. 93030 (300)  COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE  NAME OF ASSISTANT TREASURER, IF ANY  AL VELAS QUEZ  STREET ADDRESS (NO P.O. BOX)  LIST STATE ZIP CODE  CH. 93030 (300)  COUNTY OF DOMICILE  NAME OF PRINCIPAL OFFICER(S)	AREA CODE/PHONE
FAX / E-MAIL ADDRESS  FAX ( 805) 48 6-90 88  COUNTY OF DOMICILE  STREET ADDRESS (NO P.O. BOX)  L33 BOHLE BRUSH COURT  CITY  STATE ZIP CODE  OXNARD  NAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX)  L33 BOHLE BRUSH COURT  CITY  STATE  ZIP CODE  NAME OF PRINCIPAL OFFICER(S)	<u>805)486-40</u> 88
FAX (805) 48 6-90 88  COUNTY OF DOMICILE  CITY  STATE  ZIP CODE  OXNARD  NAME OF PRINCIPAL OFFICER(S)  CITY  STATE  ZIP CODE  OXNARD  NAME OF PRINCIPAL OFFICER(S)	
FAX (805) 48 6-90 88  COUNTY OF DOMICILE  STATE ZIP CODE  OXNARD  NAME OF PRINCIPAL OFFICER(S)  STATE ZIP CODE  OXNARD  NAME OF PRINCIPAL OFFICER(S)	
STREET ADDRESS (NO P.O. BOX)	805)486-9088
Attach additional information on appropriately labeled continuation sheets.	AREA CODE/PHONE
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 penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on By Detty Celas and Correct.  Executed on By Detty Celas and Correct.  Executed on By Signature of treasurer or assistant treasurer  Executed on Date By Signature of controlling officeholder, candidate, or state Measure Proponent  Executed on By Signature of Controlling Officeholder, Candidate, or State Measure Proponent  Executed on By Signature of Controlling Officeholder, Candidate, or State Measure Proponent	l certify under

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov