

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
 01 / 14 / 1989 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date qualified as committee Date of termination

Received Date Stamp  
 Oxnard City Clerk  
 2018 AUG 13 AM 9:33

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 1233654 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 Greater Oxnard Organization of Democrats

STREET ADDRESS (NO P.O. BOX)  
 555 S. A Street, Suite 140

CITY STATE ZIP CODE AREA CODE/PHONE  
 Oxnard, CA 93030 805-394-0153

MAILING ADDRESS (IF DIFFERENT)  
 PO Box 6645 Oxnard, CA 93030

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Ventura Oxnard, Port Hueneme

NAME OF TREASURER  
 Elisabeth Lamar

STREET ADDRESS (NO P.O. BOX)  
 354 E. Bard Road

CITY STATE ZIP CODE AREA CODE/PHONE  
 Oxnard CA 93033 805-488-3198

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
 Khalilah Durias

STREET ADDRESS (NO P.O. BOX)  
 1400 Crawford Street

CITY STATE ZIP CODE AREA CODE/PHONE  
 Oxnard CA 93030 805-394-0153

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 August 8, 2018 By Elisabeth Lamar  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on August 8, 2018 By Khalilah Durias  
 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