Statement of (_			A	RESE Date Stamp	n sa fe	CALIFO	
Recipient Con	nmittee			UXI	nard City Cl	JIA	FOR	M
Statement Type	☐ Initial	mendment	☐ Termin	ation - See Part 5	797-518-518-518-518-518-518-518-518-518-518		For	Official Use Only
	O Not yet qualified			2018	MUG 13 AM 9:	33	Mention	auto e como como como como como como como c
	or 01 O Date qualified as committee	14 1989	necessistementales de la proposition de la propo	encirco de la constitución de la	Model processor		Notice of the second	And opposite the state of the s
	Date	qualified as committee	Date of t	ermination			SHATTER SERVICE SERVIC	STORYCOM
1. Committee Ir	formation I.D. Number (if applicable)	1233654			Other Principal C	fficers		
NAME OF COMMITTEE				NAME OF TREASURER				
Greater Oxnard Organization of Democrats				Elisabeth Lamar				
				STREET ADDRESS (NO P.O. BOX)				
				354 E. Bard Road				
STREET ADDRESS (NO P.O.	. BOX)		popularina processor i processor di constituiro di constituiro di constituiro di constituiro di constituiro di	CITY		TATE	ZIP CODE	AREA CODE/PHONE
555 S. A Street, Suite 140				Oxnard		CA	93033	805-488-3198
CITY	STATE ZIP CODE	AREA CODE/PH	IONE	NAME OF ASSISTANT TREASURE	R, IF ANY			
Oxnard,	CA 93030	805-394-01	53					
MAILING ADDRESS (IF DI				STREET ADDRESS (NO P.O. BOX)				
PO Box 6645 Oxr								
e-MAIL ADDRESS (REQUII				CITY	S	TATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)	l			
Ventura Oxnard, Port Hueneme				Khalilah Durias				
			Manager School and Control of Control	STREET ADDRESS (NO P.O. BOX)	ng gang againg ang againg gan pygapuluk-kenggal populan senaspulan usanak ersak konsek kenasanya	etoponikan presincia saintein	eset mentionin och är et til hatte frå et styrt sig utmiste mit platetytte t	acide neglame komponence avega innerio izmiji animpi komministi. di 45°9 kilipiti kilik di alpidaji in
				1400 Crawford Str	eet			
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Attach additional information on appropriately labeled continuation sheets.				Oxnard	C	4	93030	805-394-0153
3. Verification	easonable diligence in preparing this	statement and to the	e best of my k	nowledge the informa	ntion contained herein	is true a	and complete.	I certify under
nenalty of periu	ry under the laws of the State of Cali	ornia that the foreg	oing is true ar	nd correct.	,		••••••	,
Auc	gust 8, 2018		seth L					
Executed on	DATE	7777		REASURER OR ASSISTANT TREASU	JRER			
Executed on August 8, 2018 DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT								
Executed on	DATE	SIGNATURE O	F CONTROLLING OFFI	CEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		nya quantonya ata tumin di middin dimilin il	
Executed on	DATE By	SIGNATURE C	OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE	: MEASURE PROPONENT		dantous uzako ortoakia kika errikoa	

FPPC Form 410 (February/2018)
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