Statement of Organization Recipient Committee Statement Type Initial	, ,
O Not yet qualified or 2 2 2018 Date qualified as committee	<i>(</i>
Date quantied as committee Date of termination	
1. Committee Information I.D. Number (if applicable) 1403448 2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Carmen Ramirez for Oxnard City Council District 2 2018 Roy Prince	
Roy Prince	
street address (NO P.O. BOX) 631 Ivywood Drive	
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE 63.1 NAWOOOD Drive Oxnard CA 93030 (805)44	
ob i trythou bitto	3-0400
Oxnard CA 93030 (805)216-7362 NAME OF ASSISTANT TREASURER, IF ANY Laura Cuellar	
MAILING ADDRESS (IF DIFFERENT) 2801 N. Oxnard Blvd., #150 street Address (No P.O. BOX) 3942 Senan Street	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) CITY STATE ZIP CODE AREA CODE OO 1111	
carmen4oxnard@gmail.com Camarillo CA 93010 (805)41)-0U0U
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S) Ventura City of Oxnard	
STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE Attach additional information on appropriately labeled continuation sheets.	/PHONE
Attach dualional injornation on appropriately labeled continuation sheets.	one control of the co
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 un	der
penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
7/23/2018 Executed on By By Sy Since	
DATE 7/23/2018 SIGNATURE OF TREASURER OF ASSISTANT TREASURER	
Executed onBy	
Executed onBy	
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on By DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	

FPPC Form 410 (February/2018)
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