Statement of Orga Recipient Commit		leceived rd City Clerk	RECEIVED AND FI	FO	ORNIA 410
O N	nitial  Not yet qualified or 2 2 2018  Date qualified as committee  Date qualified as committee	fermination	of the State of California	3	For Official Use Only
1. Committee Inform	nation I.D. Number 1403448	2. Treasurer an	d Other Principal Office	<b>'</b> S	
NAME OF COMMITTEE Carmen Ramirez for O	Oxnard City Council District 2 2018	NAME OF TREASURER Roy Prince STREET ADDRESS (NO P.O. BO) 631 IVYWOOD Driv			
STREET ADDRESS (NO P.O. BOX) 631 Ivywood Drive		CITY Oxnard	STATE CA	ZIP CODE 93030	area code/phone (805)448-0465
CITY Oxnard	STATE ZIP CODE AREA CODE/PHONE CA 93030 (805)216-7362	NAME OF ASSISTANT TREASU	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT 2801 N. Oxnard Blvd.,		street address (no p.o. bo) 3942 Senan Stre		etakinin kanada kan	adasan anni dikuru vuuran kan kan kan kan kan kan kan kan kan k
e-mail address (required) / Facarmen4oxnard@gma	ix (optional) II.com	cıty Camarillo	state CA	ZIP CODE 93010	AREA CODE/PHONE (805)415-8080
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Oxnard	NAME OF PRINCIPAL OFFICER  STREET ADDRESS (NO P.O. BO)		automospheidekekkinistekkekkekkekkenterioristekkekkettistationis	ou des visits belantification complete sentimentaries de l'archivent de l'archivent de l'archivent de l'archive
Attach additional inform	mation on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all reason penalty of perjury und 7/23/201 Executed on Executed on Executed on Executed on	DATE BY SIGNATURE OF CONTI	it of my knowledge the informis true and correct.  GNATURE OF TREASURER OR ASSISTANT TREA  GROLLING OFFICEHOLDER, CANDIDATE, OR STA	SURER TE MEASURE PROPONENT	e and comple	te. I certify under
photo-designation communication and the comm		ROLLING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT	consequences construction (CAR)	

FPPC Form 410 (February/2018)
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