

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Received
Date Stamp
Oxnard City Clerk

2018 AUG 16 PM 4:20

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

RESTORE OXNARD COALITION PAC

STREET ADDRESS (NO P.O. BOX)

1920 W Hemlock St

CITY

Oxnard

STATE

CA

ZIP CODE

93035

AREA CODE/PHONE

(805)946-3516

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

daniel,chavez@live.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Daniel Chavez, Jr.

STREET ADDRESS (NO P.O. BOX)

1920 W Hemlock St

CITY

Oxnard

STATE

CA

ZIP CODE

93035

AREA CODE/PHONE

(805)946-3516

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 08/16/2018
DATE

By


SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT