

SEP 07 2016

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:

1308728

Sept. 6, 2016
Date of Termination

Date Stamp	CALIFORNIA FORM 410
SEP 07 2016	For Official Use Only

1. Committee Information

NAME OF COMMITTEE

AL VELASQUEZ FOR COUNCILMAN

STREET ADDRESS (NO P.O. BOX)

133 BOTTLEBRUSH COURT

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD, CA. 93030 (805) 486-9088

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(805) 486-9088 VELASQUEZ SR @ GMAIL . COM

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

BETTY VELASQUEZ

STREET ADDRESS (NO P.O. BOX)

133 BOTTLEBRUSH COURT

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD CA. 93030 (805) 486-9088

NAME OF ASSISTANT TREASURER, IF ANY

AL VELASQUEZ

STREET ADDRESS (NO P.O. BOX)

133 BOTTLEBRUSH COURT

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD, CA. 93030 (805) 486-9088

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 Sept. 6, 2016 By Betty Velasquez
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Sept. 6, 2016 By Al Velasquez
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