

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

1309837

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

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp

CITY OF
CITY OF

2012 JUN 26

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of the State of California
A 8:26
JUL 06 2012

CALIFORNIA FORM 410

DEBRA BOWEN
Secretary of State

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1. Committee Information

NAME OF COMMITTEE

Committee to Elect Danielle 'Danie' Navas City Treasurer 2012

STREET ADDRESS (NO P.O. BOX)

3500 Taffrail Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	805-984-7414

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

William T. Belcher

STREET ADDRESS (NO P.O. BOX)

1732 Fisher Court

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	805-984-7624

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

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 June 25, 2012
DATE

Executed on June 25, 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT