

**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:

1350151

09 / 04 / 12
Date qualified as committee
(If applicable)

Termination - See Part 5 of the State of California

List I.D. number:

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Date Stamp

SEP 12 2012

DEBRA BOWEN
Secretary of State

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Vince Behrens for City Council 2012

STREET ADDRESS (NO P.O. BOX)

261 South F Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805 483-1514

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

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

Toni Morris

STREET ADDRESS (NO P.O. BOX)

218 South F Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805 483-9328

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 09/07/2012
DATE

Executed on 09/07/2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By Toni Morris
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Vince Behrens
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