

56
**Statement of Organization
 Recipient Committee**

Type or print in ink

Statement Type

Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:

1308728

 Date qualified as committee
 (If applicable)

Termination - See Part 5
 List I.D. number

 2012 SEP 12, A 10:49
 Date of Termination

Rejected: LR 18-15-2012
 Returned: CB STATEMENT OF ORGANIZATION

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State of California
 AUG 13 2012
DEBRA BOWEN
 Secretary of State

RECEIVED AND FILED
 in the office of the Secretary of State of California
 AUG 22 2012
DEBRA BOWEN
 Secretary of State

CALIFORNIA FORM **410**

1. Committee Information

NAME OF COMMITTEE

AL VELASQUEZ FOR COUNCILMAN 2012
 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)

OPTIONAL: FAX / E-MAIL ADDRESS

VELASQUEZ SR @GMAIL.COM
 COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

VENTURA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

BETH A. 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

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 August 3, 2012
 DATE

Executed on August 3, 2012
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By Beth A. Velasquez
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Al Velasquez SR
 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

AL VELASQUEZ FOR COUNCILMAN

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<u>AL VELASQUEZ</u>	<u>OXNARD City Councilman</u>	<u>2012</u>	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
<u>CHASE BANK</u>	<u>(805) 988-4264</u>	<u>106135810</u>
ADDRESS	CITY	STATE ZIP CODE
<u>350 ESPLANADE DR.</u>	<u>OXNARD</u>	<u>CA. 93030</u>

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
 	 	 	
 	 	 	

certified mail no. 7012-1010-0000-3474-1533