

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State of the State of California
Date Stamp: **SEP 21 2012**
DEBRA BOWEN
Secretary of State

2012 OCT -4 P 12:51

Statement Type Initial

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1347496

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

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Carmen Ramirez for Oxnard Mayor 2012

STREET ADDRESS (NO P.O. BOX)

528 Holly Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93036 805-485-8026

MAILING ADDRESS (IF DIFFERENT)

2081 N. Oxnard Blvd. #150

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

Oneita Hirata

STREET ADDRESS (NO P.O. BOX)

1015 West Beverly Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030 805-483-7952

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 September 11, 2012
DATE

Executed on September 11, 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By Oneita Hirata
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Charmaine...
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