

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: _____
 # _____ # 1352439
 09/05/2012 _____ 04/15/2013
 Date qualified as committee Date qualified as committee Date of Termination
 (if applicable)

Date Stamp	CALIFORNIA FORM 410
	For Official Use Only:
	2013 APR 18 A 10:40

1. Committee Information

NAME OF COMMITTEE
Oxnard Coalition for Jobs and Transparency

STREET ADDRESS (NO P.O. BOX)
1237 S Victoria Ave #407

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard, CA		93035	714-540-2295

MAILING ADDRESS (IF DIFFERENT)
603 E Alton Ave STE H
Santa Ana, CA 92705

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lysa Ray

STREET ADDRESS (NO P.O. BOX)
603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana, CA		92705	714-540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Ed Mountford

STREET ADDRESS (NO P.O. BOX)
603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana, CA		92705	714-540-2295

FILE COPY

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 4/15/13 By [Signature]
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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