Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
AL VELASQUEZ FOR COUNCILMAN 2016

STREET ADDRESS (NO P.O. BOX)
133 BOTTLEBRUSH COURT

CITY
OXNARD
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
(805) 486-9088

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
FAX (805) 486-9088

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
BETTY VELASQUEZ

STREET ADDRESS (NO P.O. BOX)
133 BOTTLEBRUSH COURT

CITY
OXNARD
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
(805) 486-9088

NAME OF ASSISTANT TREASURER, IF ANY
AL VELASQUEZ

STREET ADDRESS (NO P.O. BOX)
133 BOTTLEBRUSH COURT

CITY
OXNARD
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
(805) 486-9088

NAME OF PRINCIPAL OFFICERS

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 8/12/2016 By __________________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/12/2016 By __________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on __________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on __________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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