


**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  
Not yet qualified  or

List I.D. number: # 1308728  
Date qualified as committee: Nov. 4, 2008  
(If applicable)

Termination - See Part 5  
List I.D. number: # \_\_\_\_\_  
Date of Termination: \_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 410</b>
 AUG 16 2016	For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
AL VELASQUEZ FOR COUNCILMAN 2016

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)  
\_\_\_\_\_

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 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  
\_\_\_\_\_

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 8/12/2016 By Betty Velasquez  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/12/2016 By Al Velasquez  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT