

AUG 24 2016
LM.

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

**Statement of Organization
Recipient Committee**

B
L⁵⁶ 1388320

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

Termination - See Part 1

List I.D. number:

_____/_____/_____
Date of Termination

AUG 08 2016

~~5102 98 700~~

JUL 06 2016

4.50 PM

LM.

**CALIFORNIA
FORM 410**

For Official Use Only

ref

1. Committee Information

NAME OF COMMITTEE

Orlando Dozier for Oxnard City Council - 2016

STREET ADDRESS (NO P.O. BOX)

437 Forest Park Blvd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oxnard

CA 93036

(805)351-3770

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

doziero@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Orlando Dozier

STREET ADDRESS (NO P.O. BOX)

437 Forest Park Blvd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oxnard

CA 93036

(805)351-3770

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

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 6 July 2016 By *Orlando Dozier*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6 July 2016 By *Orlando Dozier*
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Orlando Dozier for Oxnard City Council - 2016

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (805)288-3002	BANK ACCOUNT NUMBER 0016513778
ADDRESS 670 Town Center Dr	CITY Oxnard	STATE ZIP CODE CA 93036

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 "nonpartisan."
- 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
Orlando Dozier	Oxnard City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>