

**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
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
AUG 19 2016
SEP 01 2016

CALIFORNIA FORM 410
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 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