Statement of Organization
Recipient Committee

Statement Type
☐ Initial
Not yet qualified ☐ or

Amendment
List I.D. number:
# 1308728

Termination – See Part 5
List I.D. number:
#

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State of the State of California
AUG 19 2016
SEP 1 2016

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

NAME OF TREASURER
BETTY VELASQUEZ

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

CITY
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133 BOTTLEBRUSH COURT

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CA

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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 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

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/12/2016 By

DATE

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

DATE

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By

DATE

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)
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www.fppc.ca.gov