Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE:

AL VELASQUEZ FOR COUNCILMAN

133 BOTTLEBRUSH COURT

Oxnard, CA. 93030 (805) 486-9088

STREET ADDRESS [NO P.O. BOX]

CITY STATE ZIP CODE AREA CODE/PHONE

TREASURER AND OTHER PRINCIPAL OFFICERS

NAME OF TREASURER: BETTY VELASQUEZ

133 BOTTLEBRUSH COURT

OXnard, CA. 93030 (805) 486-9088

STREET ADDRESS [NO P.O. BOX]

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY:

AL VELASQUEZ

133 BOTTLEBRUSH COURT

OXnard, CA. 93030 (805) 486-9088

STREET ADDRESS [NO P.O. BOX]

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S):


MAILING ADDRESS (IF DIFFERENT)

(805) 486-9088

VELASQUEZ.BR@GMAIL.COM

COUNTY OF DOMICILE: JURISDICTION WHERE COMMITTEE IS ACTIVE

FAX/E-MAIL ADDRESS

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 Sept. 6, 2016

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Sept. 6, 2016

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSENT