

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
 Date qualified as committee: \_\_\_/\_\_\_/\_\_\_ Date of termination: \_\_\_/\_\_\_/\_\_\_

Date Stamp  
**Received**  
**Oxnard City Clerk**  
 2018 FEB 14 AM 11:15  
**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Committee to elect Morey for Oxnard Mayor 2018  
 STREET ADDRESS (NO P.O. BOX)  
Box 1957, 2307 San Marino  
 CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93033 (805) 377-1234  
 MAILING ADDRESS (IF DIFFERENT)  
P.O. Box 1957, OX 93032  
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
MoreyNAU@gmail.com  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
VA Oxnard,

NAME OF TREASURER  
Robert Dubnick  
 STREET ADDRESS (NO P.O. BOX)  
2000 Cabot UNIT #8 Gardenia St.  
 CITY STATE ZIP CODE AREA CODE/PHONE  
LABRERA RANCH CAL. 92694  
 NAME OF ASSISTANT TREASURER, IF ANY  
Modesto "Morey" Navarro  
 STREET ADDRESS (NO P.O. BOX)  
2307 San Marino, OX CAL  
 CITY STATE ZIP CODE AREA CODE/PHONE  
LABRERA RANCH Oxnard, CA 93033  
949-395-9349

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 2/13/18 By [Signature]  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 2/14/18 By [Signature]  
 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  
**Committee to Elect MOREY NAVARRO for OXNARD MAYOR 2018**

Page 2  
I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <b>Rabo Bank</b>	AREA CODE/PHONE <b>(805) 240-1440</b>	BANK ACCOUNT NUMBER	
ADDRESS <b>155 S. "A" St</b>	CITY <b>OXNARD</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>

**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." Stating "No party preference" is acceptable.
- 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	
			CHECK ONE	
			Nonpartisan	Partisan (list political party below)
<b>Modesto "Morey" Navarro</b>	<b>Mayor</b>	<b>2018</b>	<input checked="" type="checkbox"/> Nonpartisan	
			Nonpartisan	Partisan (list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Clear Page**

**Print**