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COPY

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Date qualified as committee

Amendment

Termination - See Part 5

Date qualified as committee: 2018 MAR 14 AM 8:01 / Date of termination: /

Date Stamp: RECEIVED AND FILED In the office of the Secretary of State of the State of California FEB 20 2018

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1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE

MARTINEZ FOR OXNARD CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)

248 W ROBERT AVE

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD CA 93030 805-844-7635

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

MIGUELANGELOMARTINEZ60@AOL.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

VENTURA OXNARD

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MIGUEL MARTINEZ

STREET ADDRESS (NO P.O. BOX)

248 W ROBERT AVE

CITY STATE ZIP CODE AREA CODE/PHONE

OXNARD CA 93030 805-844-7635

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 2/13/2018 By Miguel Martinez SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/13/2018 By Miguel Martinez SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

MIGUEL MARTINEZ FOR OXNARD CITY COUNCIL 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

TBD

ADDRESS

CITY

STATE

ZIP CODE

**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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
<u>MIGUEL MARTINEZ</u>	<u>OXNARD CITY COUNCIL</u>	<u>2018</u>	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

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

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