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Statement of Organization Recipient Committee

Statement Type  Initial  Amendment  Not yet qualified or  Date qualified as committee

Received Oxnard City Clerk 2018 MAR 14 AM 8:01

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

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

2. Treasurer and Other Principal Officers RECEIVED AND FILED in the office of the Secretary of State of the State of California

NAME OF TREASURER: Robert Dubwick
STREET ADDRESS (NO P.O. BOX): #8 Gardenia St.
CITY: LABRA RANCH CAL. 92694
NAME OF ASSISTANT TREASURER, IF ANY: 949-395-9349
STREET ADDRESS (NO P.O. BOX):
CITY:
STATE: ZIP CODE: AREA CODE/PHONE:
NAME OF PRINCIPAL OFFICER(S): Modesto "Morey" NAVARRO 93033
STREET ADDRESS (NO P.O. BOX): 2307 San Marino, OX CAL
CITY: Oxnard, CALA
STATE: ZIP CODE: AREA CODE/PHONE: 93033 (805) 377-1234

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] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 2/14/18 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on \_\_\_\_\_ By \_\_\_\_\_ 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

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	CHECK ONE		PARTY
			Nonpartisan	Partisan (list political party below)	
<b>Modesto "Morey" Navarro</b>	<b>Mayor</b>	<b>2018</b>	<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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