Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Not yet qualified
☐ Date qualified as committee
☐ Amendment
☐ Termination – See Part 5

Date qualified as committee

Date of termination

1. Committee Information

NAME OF COMMITTEE

Committee to elect Money for Oxnard Mayor 2018

STREET ADDRESS (NO P.O. BOX)
2307 San Mariposa

CITY
Oxnard

STATE
CA

ZIP CODE
93033

AREA CODE/PHONE
(805) 377-1234

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Robert Dubnick

STREET ADDRESS (NO P.O. BOX)
#8 Gardenia St.

CITY
Ladera Ranch

STATE
CA

ZIP CODE
92694

AREA CODE/PHONE
949-395-9348

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
P.O. Box 1957

Oxnard, CA

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

Executed on 2/14/18
By

Executed on
By

Executed on
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

Committee to Elect Morey Navarro for Oxnard Mayor 2018

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabo Bank</td>
<td>(805) 240-1440</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 S. 'A' St.</td>
<td>Oxnard</td>
<td>CA</td>
<td>9303</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modesto &quot;Morey&quot; Navarro</td>
<td>Mayor</td>
<td>2018</td>
<td>[ ]</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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