Statement of Organization
Recipient Committee

Statement Type ☐ Initial
☒ Amendment ☐ Termination – See Part 5

☑ Date qualified as committee 14/01/1980
☐ Date of termination

1. Committee Information

I.D. Number (if applicable) 1233654

NAME OF COMMITTEE
Greater Oxnard Organization of Democrats

STREET ADDRESS (NO P.O. BOX)
555 South A St, Suite 140

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-236-7615

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 6645

greateroxnardddems@gmail.com

COUNTY OF Domicile JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Ventura County

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Arthur Valenzuela Jr.

STREET ADDRESS (NO P.O. BOX)
555 South A St, Suite 140

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-236-7615

NAME OF ASSISTANT TREASURER, IF ANY
Sheryle Milmont

STREET ADDRESS (NO P.O. BOX)
5036 Marlin Way

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-985-2615

NAME OF PRINCIPAL OFFICER(S)
Khalliah Duriar

STREET ADDRESS (NO P.O. BOX)
1400 Crawford St

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 530-219-1198

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 4/21/2018

Signature of Treasurer or Assistant Treasurer

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Greater Oxnard Organization of Democrats

- 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>Union Bank</td>
<td>805-985-2873</td>
<td>Redacted</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>583 W Channel Islands Blvd</td>
<td>Port Hueneme</td>
<td>CA</td>
<td>93041</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>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></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) IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.</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></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
4. Type of Committee (Continued)

General Purpose Committee: Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee  ☑ COUNTY Committee  ☐ STATE Committee  ☐ Political Party/Central Committee

Provide brief description of activity:
Democratic Club for Oxnard, Port Hueneme, and nearby Unincorporated Areas

Sponsored Committee: List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>Name of Sponsor</th>
<th>Industry Group or Affiliation of Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>No. and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Small Contributor Committee: □ ______/______/______ Date qualified

5. Termination Requirements: By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.