State of Organization Recipient Committee
Statement Type □ Initial
☑ Amendment □ Termination — See Part III

Date qualified as committee 06/27/2018
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)
PO Box 6645

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93031 805-394-0153

MAILING ADDRESS (IF DIFFERENT)
same as above
greateroxnarddemocrats@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE ACTIVES
Ventura Oxnard, Port Hueneme

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Elisabeth Lamar

STREET ADDRESS (NO P.O. BOX)
354 EBard Rd

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard Ca 93033 8054883198

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Khailah Durias

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

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 8053940153

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 06/27/18 By

Signature of Treasurer or Assistant Treasurer

Executed on 06/27/18 By

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

Executed on 06/27/18 By

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

Executed on 06/27/18 By

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

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