

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee  
 Date qualified as committee 06 / 27 / 2018  
 Date of termination \_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 410</b> For Official Use Only
Received Oxnard City Clerk JUL 16 AM 8:56	

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**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**

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**greateroxnarddemocrats@gmail.com**

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard, Port Hueneme

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)  
**Khalilah 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 6/27/18 By Elisabeth Lamar  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/27/18 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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