Statement of Organization
Recipient Committee
Statement Type
☐ Initial
☐ Amendment
☐ Not yet qualified or
☐ Date qualified as committee
Date qualified as committee: 2/2/2018
Date of termination:

1. Committee Information
I.D. Number: 1403448
NAME OF COMMITTEE:
Carmen Ramirez for Oxnard City Council District 2 2018

STREET ADDRESS (NO P.O. BOX)
631 Ivywood Drive

CITY: Oxnard
STATE: CA
ZIP CODE: 93030
AREA CODE/PHONE: (805)216-7362

MAILING ADDRESS (IF DIFFERENT)
2801 N. Oxnard Blvd., #150

E-MAIL ADDRESS (REQUIRED/FAX OPTIONAL)
carmen4oxnard@gmail.com

COUNTY OF DOMICILE: Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER:
Roy Prince

STREET ADDRESS (NO P.O. BOX)
631 Ivywood Drive

CITY: Oxnard
STATE: CA
ZIP CODE: 93030
AREA CODE/PHONE: (805)448-0465

NAME OF ASSISTANT TREASURER, IF ANY:
Laura Cuellar

STREET ADDRESS (NO P.O. BOX)
3942 Senan Street

CITY: Camarillo
STATE: CA
ZIP CODE: 93010
AREA CODE/PHONE: (805)415-8080

NAME OF PRINCIPAL OFFICER(S):

STREET ADDRESS (NO P.O. BOX):

CITY:
STATE:
ZIP CODE:
AREA CODE/PHONE:

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.

7/23/2018

Executed on:
7/23/2018
By:
Roy Prince
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on:
DATE:
By:
Carmen Ramirez
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on:
DATE:
By:
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on:
DATE:
By:
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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