Statement of Organization
Recipient Committee

Statement Type
☑ Initial
Not yet qualified ☐ or
☐ Amendment
List I.D. number:

☐ Termination – See Part 5
List I.D. number:

Date qualified as committee
Date qualified as committee (if applicable)
Date of Termination

1. Committee Information
NAME OF COMMITTEE
RESTORE OXNARD COALITION PAC

STREET ADDRESS (NO P.O. BOX)
1920 W Hemlock St

CITY
Oxnard

STATE
CA

ZIP CODE
93035

AREA CODE/PHONE
(805)946-3516

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS
daniel.chavez@live.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daniel Chavez, Jr.

STREET ADDRESS (NO P.O. BOX)
1920 W Hemlock St

CITY
Oxnard

STATE
CA

ZIP CODE
93035

AREA CODE/PHONE
(805)946-3516

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.

Executed on 08/16/2018
DATE

By

SIGNATURE OF TREASURER/ASSISTANT TREASURER

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)
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