Statement of Organization				Date Stamp		CALIFORNIA 410	
Recipient Com	parameter ()			Avuard Olly Gle	erk FO		
Statement Type	☐ Initial	☐ Amendment	☑ Termination – See Part	5		For Official Use Only	
	O Not yet qualified			2018 OCT -2 AM 10: 1	112		
	O Date qualification threshold met	Date qualification threshold met	Date of termination	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	70		
			09 , 27 , 2018				
1			Antiphenological property of the contract of t				
1. Committee Information I.D. Number (if applicable)			2. Treasurer an	d Other Principal Offic	ers		
NAME OF COMMITTEE			NAME OF TREASURER				
RESTORE OXNARD COALITION PAC			Daniel Chavez, J				
			STREET ADDRESS (NO P.O. BOX				
			1920 W Hemlock	Street			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
1920 W Hemlock St			Oxnard	CA	93035	805.946.3516	
CITY	STATE ZIP C		NAME OF ASSISTANT TREASUR	RER, IF ANY			
Oxnard		035 805.946.3516		egyyydystandadatastatatatatatatatatatatatatatatatat			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX	()			
. E-MAIL ADDRESS (REQUIR	SED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER((S)			
Ventura	Oxnard	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,				
EMPERATURE AND THE THEORY OF THE THE THEORY OF THE THE THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THE THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE			STREET ADDRESS (NO P.O. BOX	<u>kad zarropousah uu peet kupata zaesta. Ora tahan na tahan na tahan halika kalanda kal</u>		ada at talah sampan sampan yang kanang daga pana sampan kanang penang untuk banan yang belandi	
					ZIP CODE	AREA CODE/PHONE	
Attach additional i	nformation on appropriately lab	eled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
3. Verification	easonable diligence in preparing	this statement and to the ho	ct of my knowledge the inform	nation contained herein is tr	ue and comple	te I certify under	
nenalty of neriur	ry under the laws of the State of	California that the foregoing	is true and correct.	idition contained hereinis ti	ac ana compre	ter recruity arract	
	10/01/2018						
Executed on	DATE By		GNATURE OF TREASURER OR ASSISTANT TREAS	SURER			
Executed on	10/01/2018	()) X					
E/1000120 OII (communication)	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STAT	TE MEASURE PROPONENT			
Executed on	Ву "						
	DATE	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STAT	IE MEASURE PROPONENT			
Executed on	DATE	SIGNATURE OF CON'	TROLLING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT	gyanuminanan anakanan anakan kanan kaka		

FPPC Form 410 (August/2018)
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