

**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 _____

 Date of termination 1/31/19

| | |
|---|---|
| Date Stamp Received Oxnard City Clerk 2019 JAN 31 AM 11:28 | CALIFORNIA FORM 410 For Official Use Only |
|---|---|

| | | |
|---------------------------------|------------------------------------|--|
| 1. Committee Information | I.D. Number (if applicable) | 2. Treasurer and Other Principal Officers |
|---------------------------------|------------------------------------|--|

NAME OF COMMITTEE
Committee to Elect Mowry Navarro for Oxnard Mayor 2018

STREET ADDRESS (NO P.O. BOX)
410 E. P.V. Rd. Apt. #4

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard, Calif 93033

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Mowry Navarro "6" mail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
VTA Oxnard, CA

NAME OF TREASURER
Robert Dubnick

STREET ADDRESS (NO P.O. BOX)
8 GARDENIA ST LADERA RANCH CA 92694

CITY STATE ZIP CODE AREA CODE/PHONE
949-395-9349

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Modesto (Mowry) Navarro

STREET ADDRESS (NO P.O. BOX)
410 E. P.V. Rd Apt #4 Ox. CA 93033

CITY STATE ZIP CODE AREA CODE/PHONE

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 1/30/19 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/19 By _____
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

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