Statement of Organization Recipient Committee				Pate Stamp Vold Oxnard Olly Ox	CALIFORNIA 410
Statement Type	Initial □	Amendment	✓ Termination – See Part 5	Mahwill Mily Wil 	FORM 4 IV
otatomont typo	O Not yet qualified	Amenament	Termination - See Part 5	2021 JAN 20 AN 11:	1
	O Date qualification threshold met	Date qualification threshold met	Date of termination		
	//	//	12 / 31 / 2020		
1. Committe	e Information I.D. Numb	er ₁₄₀₂₈₁₈	2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE	()		NAME OF TREASURER		
Martinez for Oxnard City Council 2018			Miguel Martinez		
			STREET ADDRESS (NO P.O. ROX)		
STREET ADDRESS (NO P.O	O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
			Oxnard	CA	93030 805-844-7635
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY	
Oxnard	CA 93	8030 805-844-7635			
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			CITY	STATE	ZIP CODE AREA CODE/PHONE
	artinez60@aol.com		<u> </u>		
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)	- -	
Ventura	Oxnard				
			STREET ADDRESS (NO P.O. 80X)		
Attach addition	al information on appropriately i	abeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verification	on				*
	reasonable diligence in preparing	this statement and to the hor	t of my knowledge the informs	tion contained barein is true	and complete Leastifully der
	reasonable diligence in preparing ury under the laws of the !	this statement and to the bes	ue and correct.	tion contained nerein is true a	and complete. I certify under
17	11/1 0001		33 3111 3311 330		
Executed on ////	DATE BY		URE OF TREASURER OR ASSISTANT TREASU	RER	
Executed on 1/17	FW 4.2021 BV				
	DATE		NG OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	DATE By		NO OFFICE HOLDER CANDIDATE OF STATE	NG MURC COORDINATE	
				MEASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONT	FROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	

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