

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

\_\_\_\_/\_\_\_\_/\_\_\_\_

Amendment  
 Date qualification threshold met

\_\_\_\_/\_\_\_\_/\_\_\_\_

Termination - See Part 2  
 Date of termination

2021 FEB -9 PM 2:38  
 12 / 31 / 2020

Received  
Oxnard City Clerk

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**JAN 19 2021**

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** I.D. Number 1402818  
(if applicable)

NAME OF COMMITTEE  
 Martinez for Oxnard City Council 2018

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805-844-7635

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 MiguelAngelMartinez60@aol.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard

*Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Miguel Martinez

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805-844-7635

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 information is true and correct.

Executed on JAN 1 2021 By [REDACTED]  
DATE

Executed on JAN 1 2021 By [REDACTED]  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

\_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

\_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT