Statement of Organization		10°n -	laniya j	Date Stamp	CALIFORNIA
Recipient Committee		(Manar	i City Clark	,	CALIFORNIA 410
Statement Type	☐ Initial			Phote ase to the	FORM 410
	O Not yet qualified	1 i*	Z Termination - See Part	office of the Secretary of State	For Official Use Only
	or	1	-9 PM 2: 38 in the	of the State of California	
	O Date qualification threshold met	Date qualification threshold met	Date of termination		
٠.	1 , ,		_12 / 31 / 2020	JAN 19 2021	· ·
1. Committee	I D Novebe				
<b>外班美国人的共享工作的</b> 。1755	e Information I.D. Numbe	1402818	2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE			NAME OF TREASURER	and the second of the second of the second	id as a same desired to the figure of the same of the
Martinez for Oxnard City Council 2018			Miguel Martinez		
İ			STREET ADDRESS (NO P.O. BOX)		
CTHEET ADDOCES (NO BO	no.d		SILL	STATE	ZIP CODE AREA CODE/PHONE
			Oxnard	CA	93030 805-844-7635
СІТҮ	STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,		30000 003 044-7033
Oxnard	CA 930	805-844-7635			•
FULL MAILING ADDRESS (II	F DIFFERENT)	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (DECUMA	501 (514/0				
e-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  Miguel Angel Martinez 60@ aol. com			CITY	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE					
Ventura	Oxnard	MIT TEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
, circura	Oxnard				
			STREET ADDRESS (NO P.O. BOX)		
Ass. I this					
Attach additional information on appropriately labeled continuation sheets.			CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verification					
I have used all rea	asonable diligence in preparing the under the laws of the	nis statement and to the hest o	f my knowledge the information	on contained heroin is true	
penalty of perjury	under the laws of the		and correct.	on contained netern is true as	nd complete. I certify under
Executed on Man 1, 2021 By					
1011 000			F TREASURER OR ASSISTANT TREASURE	R	<del></del>
Executed on	DATE BY			•	·
Francis I	7		FFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTROL	NAC OFFICENCY PER ANNUAL PROPERTY OF THE PROPE		
Executed on	Ву	SIGNALORE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT	
<del>*,</del>	DATE By	SIGNATURE OF CONTROLS	ING OFFICEHOLDER, CANDIDATE OR STATE ME	ACURE PROGRAMM	