		SEP 07 2016		Man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$\$\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Statement of Organization					Date Star	mp	CALIF	DRNIA 110
<b>Recipient Con</b>	ımittee			2077	dissilona		FOI	RM +IU
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number:	Termination – See Part 5 List I.D. number:		SEP 2016		F	or Official Use Only
		## *** *** *** *** *** *** *** *** ***	# <u>1308</u>	728	er en		DO-MANAGONIA DA MANAGONIA DE MA	All years and the second secon
	Date qualified as committee	Date qualified as committee (if applicable)	Date of Terr					
1. Committee Ir	iformation		2.		Other Principal (	Officers 1		
NAME OF COMMITTEE				BEHV STREET ADDRESS (BO P.O. B	ELASQUEZ	gggggattikk Landomenta uksara an an papanaman dikipaka nagain taki	Najwa w w w Gold Color (o manafa w ratio w W v v color de Marie W ratio w Color (o manafa w color de Marie W r	ngilogasilaisia de terregida la tok kemika lakkin ekendatarun kelecentek bilakkin enek kikin da
AL VEL	ASQUEZ FO	R COUNCIL ME	W	6	TLEBRUSH	COU	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.C.	OHLEBRUSH STATE	COURT ZIP CODE AREA COD	F/PHONE	NAME OF ASSISTANT TREAS	URER, IF ANY	CA.	93030	(805) 486-908
CITY LOOK	/ D.		86-9088	AL VEL	ASQUEZ			
MAILING ADDRESS (IF DI	Ll	100000000000000000000000000000000000000	Lillerman fullmania V	STREET ADDRESS (NO P.O. B	OX) HLEBRUSH	L Co	URT	
FAX / E-MAIL ADDRESS  (\$05) 486 - COUNTY OF DOMICILE	1088 VELASQU JURISDICTION WH	EZSR Q G MAIL ERE COMMITTEE LAGINE	- COM	OXNAR NAME OF PRINCIPAL OFFICE	And the second s	CA.	93030	AREA CODE/PHONE (805) 486-908
	ming before the productive water, we will associate associated and the productive of the control of the productive of th	ettikkkaseetti läykeisiin taikiniilitiiniittiiniittiiniittiiniittiiniitti on kantaaseetti on etti oleen talkin		STREET ADDRESS (NO P.O. B	remove narmontos i isomorpinos i institutina escribante de la remova	n-boracony zoview nominame unitary accounts		a galappagangia pina kapin turun di dakakan dipin milakatika di perincu vini halimpila mencinkan ini pina di merebahan
Attach additional	information on appropriate	ly labeled continuation she	ets.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all r	reasonable diligence in preparty under the laws of the Sta	aring this statement and to	the best of my k	nowledge the inford correct.	mation contained h	erein is tru	e and comple	te. I certify under
	<u>ерг. 6. 2016</u> ву_	Hetty Velas yr	del:	TREASURER OR ASSISTANT TR	EASURER		dig-ga-haga ferricum, and called relativistic and account of the contract of t	
Executed on	DATE BY	SIGNATU	URE OF CONTROCLING OFFI	CEHOLDER, CANDIDATE, OR S	TATE MEASURE PROPONENT		Agazzania ny otokalisia pisaka isi-koto pianjaka Mishin koto.	
Executed on	DATE By	SIGNATU	URE OF CONTROLLING OFFI	GEHOLDER, CANDIDATE, OR S	STATE MEASURE PROPONENT			
Executed on	DATE	SIGNATI	URE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE. OR	STATE MEASURE PROPONENT			

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov