FEC FORM 1

STATEMENT OF **ORGANIZATION**

2011 MAY -2 AM 11: 23 FEC MAIL CENTER

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	5	
GREATER OXI	UARD 1018161AD	IRIATION OF	PEM	111111111111111111111111111111111111111	
ADDRESS (number and street)	[P.O. BOX 15 C	7,3, , , , , , , ,			
(Check if address	0,x,N,A,R,P, C,A, , , , , , , , , , , , , , , , , ,				
is changed)	10, 1, 1, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		CIAI	[9,3,0,3,]-	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	mail address)			
(Check if address is changed)	4 pleidiololpiel	MIPLEN HIGHPIOLOIC			
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address is changed)					
2. DATE 単 人	ů žěj,				
3. FEC IDENTIFICATION N	UMBER C a	0429375			
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)			
I certify that I have examined to	his Statement and to the best	of my knowledge and belief it	is true, corre	ect and complete.	
Type or Print Name of Treasure	oncita Hir	ptp			
Signature of Treasurer	Overte Hirdra		Date	4 20 20 1	
•	eous, or incomplete information r			to the penalties of 2 U.S.C. §437g.	
Office Use		For further information of Federal Election Commission Toil Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

FEC FO	rm r (neviseu uzizuus)			raye 2
TYPE OF C	OMMITTEE			
Candidate	Committee:			
(a)	This committee is a principal campaig	n committee. (Complet	e the candidate informati	on below.)
(b)	This committee is an authorized comminformation below.)	nittee, and is NOT a p	rincipal campaign commi	ttee. (Complete the candidate
Name of Candidate	Lillini			
Candidate Party Affiliati	Office on Sought:	House	Senate Pr	State resident District
(c)	This committee supports/opposes only	one candidate, and is	NOT an authorized con	nmittee.
Name of Candidate				
Party Con	nmittee:			
(d)	This committee is a ,	(National, State or subordinate) corr		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):			
(e)	This committee is a separate segrega	ted fund. (Identify conn	ected organization on line	6.) Its connected organization is a:
	Corporation	Corporation	on w/o Capital Stock	Labor Organization
	Membership Organization	Trade Ass	sociation	Cooperative
	In addition, this commit	tee is a Lobbyist/Regist	rant PAC.	
(f)	This committee supports/opposes mocommittee. (i.e., nonconnected commit		andidate, and is NOT a s	eparate segregated fund or party
	In addition, this committee is a	Lobbyist/Registrant PA	C .	
	In addition, this committee is a	•	• •	
Joint Fund	iraising Representative:			
(g)	This committee collects contributions, p committees/organizations, at least one			
(h)	This committee collects contributions, p committees/organizations, none of whice	ays fundraising expens	es and disburses net proc	eeds for two or more political
Com	mittees Participating in Joint Fundr			
			FEC ID number (^
1.			L_L_j	-
2.			FEC ID number (U
3.			FEC ID number	C
4.			FEC ID number (

FEC Form 1 (Re		Page 3
Write or Type Committee	Name	
GREA TER	OXNARD ORGANICATION OF PEHOCKATS	
6. Name of Any Conne	cted Organization, Affiliated Committee, Joint Fundralsing Representative, or l	eadership PAC Sponsor
Mailing Address		
•		
	CITY STATE	ZIP CODE
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Record books and records.	s: Identify by name, address (phone number optional) and position of the perso	n in possession of committee
Full Name	NE, 1, T. 8, N, 14, 1, R, B, T, B, L	
Mailing Address	[1015 WEST BEVERLY DIK	
	(O,X,D,A,K,D)	0,1,8,4,0,E,0,EB
Title or Position	CITY STATE	ZIP CODE
[TREASIVIK	₹, > Telephone number	ــــا-لــــا
	me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of
Full Name of Treasurer	DEITH DI HIRATIA	
Mailing Address	1015, WEST, BENBRILL DIRILVEL	<u> </u>
	<u> </u>	
	CITY STATE	7,3,030 - 11811 C
Title or Position IT スモル S. リル!	EIR: Telephone number 1810 5	1-14,8,31-17,9,5,>

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Full Name of Designated Agent $\delta_{ h c_1}$	righter Militimoniti		
Mailing Address	[5,0,3,6, M, +, R, L, I, N, W, A, Y,		
	[O, X, N, A, K, P,	42	[9,3,0,3,5]-
	CITY	STATE	ZIP CODE
Title or Position	T R F A S U R F I T I Telep	phone number 80	5-985-261
. Banks or Other Depositori safety deposit boxes or mai	les: List all banks or other depositories in which th	e committee deposits	funds, holds accounts, rents
Name of Bank, Depository,			
[5/4]N]	01.21 . 4101.81 81 . A. 71.4.81.81.81.81.7	PITRIVISITI	
Mailing Address	CHANNEL 134 ANDSI	0771177	
	13 WIE 31 ICHAMNET	1 B F B IVIDI	SI BILIVIDE I I I
	PIORT HUEWEINE I	<u>[4.2]</u>	9,30411-[41,3,0
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc	**************************************	
لبب		 	
Mailing Address			
		ليا ليا	
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 4727 / W
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
23	5/2/11
PREPARER (3/2005)	DATE PREPARED