

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2021 APR 15 AM 9:07

1. NAME OF  
COMMITTEE (in full)

X

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Greater Oxnard Organization of Democrats  
(660002106)

ADDRESS (number and street)

P.O. Box 6645

(Check if address  
is changed)

Oxnard

CITY

CA

STATE

93031

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

X

(Check if address  
is changed)

Ponis mail Box@gmail.com

Optional Second E-Mail Address

greateroxnarddems@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

X

(Check if address  
is changed)

greateroxnarddems.com

2. DATE

04 / 01 / 2021

3. FEC IDENTIFICATION NUMBER

C00428375

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

X Veronica Miranda

Signature of Treasurer

X Veronica Miranda

Date

04 / 01 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

**Candidate Committee:**

- Name of Candidate

District

- Name of
- 
- Candidate

(Democratic,  
Republican, etc.) Party.

## Cooperative

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

FEC ID number C

[illegible][illegible]

4. \_\_\_\_\_ FEC ID number C

Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Greater Oxnard organization of Democrats

Mailing Address

PO Box 6645

Oxnard

CA

93031

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Veronica Miranda

Mailing Address

PO Box 6645

Oxnard

CA

93031

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

805-233-3396

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Veronica Miranda

Mailing Address

PO Box 6645

Oxnard

CA

93031

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

805-233-3396

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Union Bank

Mailing Address

583 W Channel Islands Blvd

Port Hueneme

CA

93041

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

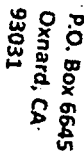
Mailing Address

CITY

STATE

ZIP CODE

20110420130074947



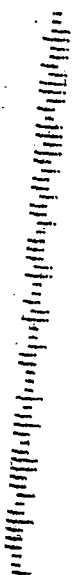
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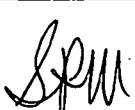
Federal Election Commission  
1050 First Street SE  
Washington DC 20463

NO. 1



88-4947300-3002-04

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	4/16/21 DATE PREPARED

(3/2015)

2021-04-20 03:00 PM 4040