Statement of Organization Recipient Committee

Statement Type
- Initial
- Amendment
- Termination – See Part 5

List I.D. number:
# ______________ # ______________

Date qualified as committee
Date qualified as committee (if applicable)
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Chavez for Oxnard City Council, 2016

STREET ADDRESS (NO P.O. BOX)
1920 W Hemlock St

CITY
Oxnard

STATE ZIP CODE
CA 93035

AREA CODE/PHONE
(805)741-8202

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
chavezforoxnard@outlook.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gloria E. Zavala

STREET ADDRESS (NO P.O. BOX)
2021 Pericles Place

CITY
Oxnard

STATE ZIP CODE
CA 93033

AREA CODE/PHONE
(805)814-2066

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 foregoing is true and correct.

Executed on 06/30/2016 By ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/30/2016 By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

INSTRUCTIONS ON REVERSE

Committee Name
Chavez for Oxnard City Council, 2016

• All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td>(805)382-8900</td>
<td>3478986403</td>
</tr>
</tbody>
</table>

533 W Channel Islands Blvd
Port Hueneme, Ca, 93041

4. Type of Committee: Complete the applicable sections.

Controlled Committee

• List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

• List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.”

• If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>Name of Candidate/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel Chavez Jr</td>
<td>City Council</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>Candidate(s) Name or Measure(s) Full Title</th>
<th>Candidate(s) Office Sought or Held or Measure(s) Jurisdiction</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>
Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Chavez for Oxnard City Council, 2016

4. Type of Committee
   - General Purpose Committee
     Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
     □ CITY Committee  □ COUNTY Committee  □ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE

Small Contributor Committee
☐ __/__/____
Date qualified

5. Termination Requirements
   By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
   • This committee has ceased to receive contributions and make expenditures;
   • This committee does not anticipate receiving contributions or making expenditures in the future;
   • This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
   • This committee has no surplus funds; and
   • This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
     -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
     -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.