**Statement of Organization**

Recipient Committee

**Statement Type**
- Initial
- Amendment

- Not yet qualified
- List I.D. number: 1386883
- Date qualified as committee: 09/01/2016
- Termination - See Part 5
- List I.D. number:
- Date of Termination

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### 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**
CA

**ZIP CODE**
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

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### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
Gloria E. Zavala

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

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
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**

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### 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**
09/01/2016

**DATE**

**BY**

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**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

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**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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FPCC Form 410 (Jan/2016)
FPCC 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>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>533 W Channel Islands Blvd</td>
<td>Port Hueneme</td>
<td>Ca</td>
<td>93041</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</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>
<tr>
<td></td>
<td></td>
<td></td>
<td></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) NAME OR FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
</table>

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**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Chavez for Oxnard City Council, 2016

**4. Type of 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.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Small Contributor Committee**

<table>
<thead>
<tr>
<th>Date qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____<em><strong><strong>/</strong></strong></em></td>
</tr>
</tbody>
</table>

**5. Termination Requirements**

- 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.

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