Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
Chavez for Council 2018

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

CITY
Oxnard

STATE
CA

ZIP CODE
93035

AREA CODE/PHONE
(805)946-3516

MAILING ADDRESS (IF DIFFERENT)
info@danielchavezjr.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daniel Chavez, Jr.

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

CITY
Oxnard

STATE
CA

ZIP CODE
93035

AREA CODE/PHONE
(805)946-3516

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 12/21/2016

By

EXECUTIVE DIRECTOR OR ASSISTANT TREASURER

Executed on 12/21/2016

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOINENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOINENT

Executed on

DATE

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SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOINENT

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 Council 2018

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

NAME OF FINANCIAL INSTITUTION
Rabobank N.A.

AREA CODE/PHONE
(805)240-1440

BANK ACCOUNT NUMBER
REDACTED

ADDRESS
155 South A Street

CITY
Oxnard

STATE
CA

ZIP CODE
93030

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 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>2018</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 (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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>☐</td>
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FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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.

**Small Contributor Committee**

**Date qualified**

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.
1. Committee Information
NAME OF COMMITTEE
Chavez for Council 2018

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

CITY Oxnard
STATE CA
ZIP CODE 93035
AREA CODE/PHONE (805)946-3516

MAILING ADDRESS (IF DIFFERENT)
info@danielchavezjr.com

COUNTY OF DOMICILE Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Daniel Chavez, Jr.

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

CITY Oxnard
STATE CA
ZIP CODE 93035
AREA CODE/PHONE (805)946-3516

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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Executed on 12/21/2016
DATE
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Attach additional information on appropriately labeled continuation sheets.
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Chavez for Council 2018

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<td>475668827</td>
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www.fppc.ca.gov
4. Type of Committee  (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- [ ] CITY Committee
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PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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