Statement of Organization Recipient Committee Statement Type Initial Amendment List I.D. number: List I.D. number: List I.D. number: In the office of the Secretary of State of California DEC 27 2016 Date qualified as committee Date qualified as committee Date of Termination DEC 27 2016 Date qualified as committee Date of Termination DEC 27 2016 Date of Termination DEC 27 2016 Date qualified as committee Date of Termination DEC 27 2016 DEC
Statement Type
Not yet qualified or List I.D. number: List I.D. number: In the office of the Secretary of State of the State of California DEC 27 2016 Date qualified as committee (Vi applicable) 1. Committee Information NAME OF COMMITTEE Chavez for Council 2018 STREET ADDRESS (NO PO. BOX) 1920 W Hemlock St CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Oxnard CA 93035 (805)946-3516 MAILING ADDRESS (IF DIFFERENT) List I.D. number: In the office of the Secretary of State of the State of California DEC 27 2016 Date of Termination DEC 27 2016 DEC 27 2016 STREET ADDRESS (NO PO. BOX)
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NAME OF TREASURER Chavez for Council 2018 Daniel Chavez, Jr. STREET ADDRESS (NO P.O. BOX) 1920 W Hemlock St CITY STATE ZIP CODE AREA CODE/PHONE Oxnard CA 93035 (805)946-3516 MAILING ADDRESS (IF DIFFERENT) NAME OF TREASURER Daniel Chavez, Jr. STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER OXnard CA 93035 (805)946-3516 STREET ADDRESS (NO P.O. BOX)
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CTATE 710 CODE AREA CODE/DHONE
CITY CTATE 710 CODE AREA CODE/DHOME
FAX / E-MAIL ADDRESS
info@danielchavezjr.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S)
Ventura Oxnard
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE Attach additional information on appropriately labeled continuation sheets.
Attach dautional injornation on appropriately labeled continuation sincees.
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
DATE SIGNATURE OF HEASURER OR ASSISTANT TREASURER
Executed on 12/21/2016 By
DATE SIGNATURE OF CONTROL) ING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed onBy
Executed onBy

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

Statement of Organization Recipient Committee					FORM 410
INSTRUCTIONS ON REVERSE					Page 2
COMMITTEE NAME					1.D. NUMBER 1386883
Chavez for Council 2018				T.	11300003
All committees must list the financial institution where the campaign b	ank accoun	it is located.			
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	namental profession (1990) and contract the collection of the collection of the collection (1990) and the collection (1990		
Rabobank N.A.	(805	(805)240-1440 REDACTED			
ADDRESS	CITY	00000000000000000000000000000000000000	STATE	ZIP CODE	
155 South A Street	Oxn	ard	CA	93030	
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. List the political party with which each officeholder or candidate in this committee acts jointly with another controlled committee, NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT 	is affiliated	l or check "nonpartisan	." umber of the other c	ontrolled committee YEAR OF ELECT	2 .
Daniel Chavez, Jr.	City Co	ouncil		2018	Nonpartisan
Primarily Formed Committee Primarily formed to support or operations.	ppose spec		ures in a single elect		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	ON CHECK ONE SUPPORT OPPOSE				
					SUPPORT

Statement of Organization Recipient Committee

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CALIFORNIA

STRUCTIONS ON REVERSE	Page 3
IMMITTEE NAME	I.D. NUMBER
	1386883

Chavez for Council 2018			罰 100000
4. Type of Committee	(Continued)		
General Purpose Committee	Not formed to support or oppose specification. CITY Committee COUNTY Com		election. Check only one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		ungguydoop days an eg aa ah yuu ahda yy dhiis saad og een da wuxuu da ah aa bhiis ah dhiin ah ah dhiin ah ah aa aa aa ah aa aa	
Sponsored Committee List	additional sponsors on an attachment.		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STRE	ET CITY		STATE ZIP CODE
Small Contributor Committee			

5. Termination Regulrements

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.

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Statement of Recipient Cor	_				Oxnard C	twed ity Cle	CALI F(FORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1386883 09 /01 /2016 Date qualified as committee (If applicable)	List I.D. number	tion – See Part 5 er:	2016 DEC 21	PM 2: !	51	For Official Use Only
1. Committee I	nformation			. Treasurer and	d Other Principal	Officers	•	
Chavez for Co	ouncil 2018			Daniel Chavestreet address (NO P.O. 1920 W Hen	BOX)	e de la composiçõe de l		
STREET ADDRESS (NO P.		non-konstantin kaladay azaraya aran kanatan karaya da da sayan karaya azara ili karaya azara karaya a sayan ka	enganishi kanda katala kat	CITY	Не водобо до стоянно на неменения при	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard MAILING ADDRESS (IF D	STATE CA 93	zip code Area code/p 3035 (805)946		Oxnard NAME OF ASSISTANT TREA		CA	93035	(805)946-3516
FAX / E-MAIL ADDRESS	avezir com	egypena aabaw Es colmons ode een vinnek af doordom up hay Compilité and had als drive the attention appearance	opinikasinikan di kalendari (Araba) paraparan kalendari	CITY	unio de como de desención de la singula de la Carlo Ca	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Ventura		RE COMMITTEE IS ACTIVE	copico populario primi canalatica film film film film film film film film	NAME OF PRINCIPAL OFFICE				
Attach additional	information on appropriatel	y labeled continuation sheet	s.	CITY	БОЛ	STATE	ZIP CODE	AREA CODE/PHONE
penalty of perju	reasonable diligence in preparty under the laws of the Star /21/2016 DATE /21/2016 DATE By DATE By By By By	se of California that the foregoing that the foregoing the signature of th	SOINE TS TITLE OF	AREAS DEER OR ASSISTANT TO EICEHOLDER, CANDIDATE, OR EICEHOLDER, CANDIDATE, OR	REASURER STATE MEASURE PROPONENT STATE MEASURE PROPONENT	nerein is tru	ue and comp	ete. I certify under
bioloxyspanies (DATE	SIGNATURE	OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT			FDDC F 440 (I /3046)

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Statement of Organization Recipient Committee						CALIFORNIA 410
INSTRUCTIONS ON REVERSE				MANAGEMENT OF THE STATE OF THE		Page 2
COMMITTEE NAME						1.D. NUMBER
Chavez for Council 2018					ű.	1386883
All committees must list the financial institution where the campaig	n bank accou	nt is located.				
NAME OF FINANCIAL INSTITUTION	AREA C	CODE/PHONE	ACCESSIONAL SECURITIES DE COMPANION DE COMPA			
Rabobank N.A.	(80	305)240-1440 475668827				
ADDRESS	CITY	kilan kilan dina pilangan kepangan kanangan menganggi pada dan dan dina dalam mendada Ting Gold di Melena	STATE	ye ngamma may qalmiliydad qilqabi da kaca se illi barisi affidid di	ZIP CODE	
155 South A Street	Oxi	nard	CA	930)30	
4. Type of Committee Complete the applicable sections.						
Controlled Committee						
 List the name of each controlling officeholder, candidate, or sta district number, if any, and the year of the election. 	te measure	proponent. If candida	te or officeholder	controlle	d, also list the	elective office sought or held, and
 List the political party with which each officeholder or candidat 	e is affiliated	d or check "nonpartisar	١."			
If this committee acts jointly with another controlled committe	e, list the na	me and identification n	umber of the oth	ner contro	led committe	e.
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION			TION PARTY	
Daniel Chavez, Jr.	City C	Council 2018			☑ Nonpartisan	
					Nonpartisan	
Primarily Formed Committee Primarily formed to support or	oppose spec	cific candidates or meas	sures in a single ϵ	election. L	st below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L	ETTER)) OFFICE SOUGHT OR I DE DISTRICT NO., CITY			ION CHECK ONE
			una escapación a movemente un restrictura de la reconstrucción de la reconstrucción de la construcción de la c		SAN AND SAN	SUPPORT OPPOSE
					e de de la companyament de la comp	
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Statement of Organization Recipient Committee

CALIFORNIA FORM

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Page 3 I.D. NUMBER

Chavez for Council 2	2018					1386883
4. Type of Committee	(Continued)					
General Purpose Committ				idates or measures in a single ele	ection. Check	only one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY					egypergene gan en	
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STREET ADDRESS NO. A	ND STREET		CITY		STATE	ZIP CODE
Small Contributor Committ	/	te qualified	udare Chung central and a second		ung pandakkah kecepat pangan pang	

- By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met: 5. Termination Requirements
 - This committee has ceased to receive contributions and make expenditures;
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