State of Organization
Recipient Committee

Statement Type
☐ Initial  ☐ Amendment
☐ Not yet qualified ☐ or
☐ List I.D. number:
☐ Termination – See Part 5
☐ List I.D. number:
☐ # ________________
☐ # 1386883
☐ Date qualified as committee
☐ Date qualified as committee
☐ Date qualified as committee
☐ Date qualified as committee
☐ Date qualified as committee
☐ Date qualified as committee
☐ Date qualified as committee (if applicable)
☐ Date of Termination

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)

FAX/E-MAIL ADDRESS
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

Attach additional information on appropriately labeled continuation sheets.

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 09/23/2016  By

Executed on 09/23/2016  By

Executed on  By

Executed on  By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
SIGNATURE OF CONTROLLING OFFICER, 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 Council 2018

- 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>Rabobank N.A.</td>
<td>(805)240-1440</td>
<td>REDACTED</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>155 South A Street</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</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.
  - 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>
</tr>
</tbody>
</table>

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