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

FAX / E-MAIL ADDRESS

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 01/27/2018 By
DATE DATE

Signature of Treasurer or Assistant Treasurer

Executed on 01/27/2018 By
DATE DATE

Signature of Controlling Officeholder, Candidate, or State Measure Proponent

Executed on DATE By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on DATE By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

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.

ADDRESS
300 E Esplanade Drive, Suite 101

AREA CODE/PHONE
(805)485-8727

CITY
Oxnard

BANK ACCOUNT NUMBER
Redacted

STATE
CA

ZIP CODE
93036

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>Councilman</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>
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<tr>
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<td>OPPOSE</td>
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<td>SUNDAY</td>
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</tr>
<tr>
<td></td>
<td>OPPOSE</td>
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