Statement of Recipient Cor	_				Oxnard	eive City	CALI	FORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or Date qualified as committe	Amendment List I.D. number: # 1386883 09 /01 /201 Date qualified as committee (If applicable)	#	hation — See Part 5 ber:	2018 JAN 2	9 AM	9: 40	For Official Use Only
1. Committee I	Information			2. Treasurer and C	Other Principal C	fficers		
Chavez for Co	ouncil 2018			Daniel Chavez STREET ADDRESS (NO P.O. BOX 1920 W Hemlo	x)	mijoh yangga pagdada Madaya Ganada da da		
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1920 W Hemle	ock St			Oxnard		CA	93035	(805)946-3516
Oxnard MAILING ADDRESS (IF D			946-3516	NAME OF ASSISTANT TREASUR			COLONION AND THE STATE OF THE S	
FAX / E-MAIL ADDRESS				CITA Englander consension of the second seco	ettekijlilingen eget en fold die Mitte i hende anlige en hende Ausbrag en jat det translation oppnyngen.	STATE	ZIP CODE	AREA CODE/PHONE
info@danielch		HERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER({c}			
Ventura	Oxnard	HERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER	(3)			
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Attach additional	l information on appropriat	ely labeled continuation sh	eets.	CITA	(PO) (MARIA MENINGEN) (MENINGEN) (MENINGEN) (MENINGEN) (MENINGEN) (MENINGEN) (MENINGEN) (MENINGEN) (MENINGEN)	STATE	ZIP CODE	AREA CODE/PHONE
penalty of perjuence because the perjuence between the perjuence b	reasonable diligence in prepury under the laws of the St /27/2018 DATE By DATE By By By By By By By By By B	ate of California that the fo	URE OF CONTROLLING O	y knowledge the inform and correct. FIRE TRESUMER OR ASSISTANT TREAS OFFICEHOLDER, CANDIDATE, OR STATE OFFICEHOLDER, CANDIDATE, OR STATE OFFICEHOLDER, CANDIDATE, OR STATE OFFICEHOLDER, CANDIDATE, OR STATE	SURER TE MEASURE PROPONENT TE MEASURE PROPONENT	ein is tru	re and compl	ete. I certify under
	DATE	SIGNA	TURE OF CONTROLLING (FFICEHOLDER, CANDIDATE, OR STAI	TE WEASORE PROPUNENT			EDDC F #10 (tom /2016)

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

Statement of Organization Recipient Committee

Oxnard City Clerk

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INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Chavez for Council 2018 1386883 · All committees must list the financial institution where the campaign bank account is located. BANK ACCOUNT NUMBER NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE Redacted (805)485-8727 Rabobank N.A. ADDRESS ZIP CODE 300 E Esplanade Drive, Suite 101 CA 93036 Oxnard 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. **ELECTIVE OFFICE SOUGHT OR HELD** NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT YEAR OF ELECTION (INCLUDE DISTRICT NUMBER IF APPLICABLE) PARTY Nonpartisan Daniel Chavez, Jr. Councilman 2018 Nonpartisan Primarily formed to support or oppose specific candidates or measures in a single election. List below: **Primarily Formed Committee** CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE

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