

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_  
 \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_

Date Stamp  
**Received**  
**Oxnard City Clerk**  
**2018 FEB 14 AM 9:37**

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE Elect John F. Ragan  
For Oxnard City Council 2018

STREET ADDRESS (NO P.O. BOX)  
500 Hazelwood CA 93030 805 814 5721

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard, CA 93030

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
johnragan6@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Ventura Oxnard

NAME OF TREASURER  
John F. Ragan

STREET ADDRESS (NO P.O. BOX)  
500 Hazelwood Dr

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard, CA 93030 805 814 5721

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 2-14-18 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-14-18 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Received  
Oxnard City Clerk

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COMMITTEE NAME

*Elect John F. Ragan for Oxnard City Council 2018*

2018 FEB 14 AM 10:37

I.D. NUMBER

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

*CHASE*

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
	<i>805-981-8292</i>			
ADDRESS	CITY	STATE	ZIP CODE	
<i>350 E Esplanade D</i>	<i>Oxnard</i>	<i>CA</i>	<i>93032</i>	

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." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY	
			Nonpartisan	Partisan (list political party below)
<i>John F. Ragan</i>	<i>Oxnard City Council</i>		<input checked="" type="checkbox"/>	
			Nonpartisan	Partisan (list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
<i>John F. Ragan</i>	<i>Oxnard City Council</i>	<input checked="" type="checkbox"/>	
		SUPPORT	OPPOSE

Clear Page

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