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1403750

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 AND FILED
in the office of the Secretary of State
of the State of California
MAR 12 2018

CALIFORNIA FORM 410
For Official Use Only
2018 MAR 29 AM 10:55
Oxnard City Clerk

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Oxnard 2020 Coalition

STREET ADDRESS (NO P.O. BOX)
400 E. Esplanade Dr. #302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	949-606-6561

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
rebecca@politicalfinancesolutions.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Ventura

NAME OF TREASURER
Rebecca Luby

STREET ADDRESS (NO P.O. BOX)
30101 Town Center Dr. Ste. 204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Niguel	CA	92677	949-606-6561

NAME OF ASSISTANT TREASURER, IF ANY
Bryan Burch

STREET ADDRESS (NO P.O. BOX)
same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Tom Cady

STREET ADDRESS (NO P.O. BOX)
400 E. Esplanade Dr. #302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-413-4077

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 3/6/18 By Rebecca Luby
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on March 7, 2018 By Tom Cady
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

**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	CALIFORNIA FORM 410

1. Committee Information	2. Treasurer and Other Principal Officers
---------------------------------	--

I.D. Number
(if applicable)

NAME OF COMMITTEE
Oxnard 2020 Coalition

STREET ADDRESS (NO P.O. BOX)
400 E. Esplanade Dr. #302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	949-606-6561

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E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
rebecca@politicalfinancesolutions.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Ventura

NAME OF TREASURER
Rebecca Luby

STREET ADDRESS (NO P.O. BOX)
30101 Town Center Dr. Ste. 204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Niguel	CA	92677	949-606-6561

NAME OF ASSISTANT TREASURER, IF ANY
Bryan Burch

STREET ADDRESS (NO P.O. BOX)
same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Cyndi Hookstra

STREET ADDRESS (NO P.O. BOX)
400 E. Esplanade Dr. #302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	805-413-4077

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 _____ DATE By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 3-2-18 DATE By Cyndi Hookstra SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Oxnard 2020 Coalition

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	

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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Oxnard 2020 Coalition

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

A collaboration of public safety, business and residents to advocate for the quality governance and leadership in Oxnard.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

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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