

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1386883
 Date qualified as committee: 09 / 01 / 2016
 (If applicable) List I.D. number: # _____
 Date of Termination: _____ / _____ / _____

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Oxnard City C
2018 JUN -6 PM 1 07
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1. Committee Information

NAME OF COMMITTEE
Chavez for Council 2020
 STREET ADDRESS (NO P.O. BOX)
1920 W Hemlock St
 CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 (805)946-3516
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS
info@danielchavezjr.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daniel Chavez, Jr.
 STREET ADDRESS (NO P.O. BOX)
1920 W Hemlock St
 CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93035 (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 06/05/2018 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 06/05/2018 By _____
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

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COMMITTEE NAME

Chavez for Council 2020

I.D. NUMBER

1386883

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

| | | |
|--|----------------------------------|----------------------------------|
| NAME OF FINANCIAL INSTITUTION Rabobank N.A. | AREA CODE/PHONE (805)240-1440 | BANK ACCOUNT NUMBER 682457267 |
| ADDRESS 155 South A Street | CITY Oxnard | STATE ZIP CODE CA 93030 |

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.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---|
| Daniel Chavez, Jr. | City Council - District 4 | 2020 | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

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) | 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"/> |