Statement of Organization
Recipient Committee

Statement Type
- ☑ Initial
- □ Amendment
- □ Termination – See Part 5

List I.D. number:

☐ 1386883
☐ 1566748

Date qualified as committee:

□ 1990 /01/2016
☐ 09 /01/2016

Date qualified as committee (If applicable):

☐ 09 /01/2016
☐ 09 /01/2016

Date of Termination:

☐ 09 /01/2016
☐ 09 /01/2016

1. Committee Information

NAME OF COMMITTEE
Chavez for Council 2020

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

COUNTRY 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

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 ______________________

Executed on 06/05/2018
By ______________________

Executed on ______________________
By ______________________

Executed on ______________________
By ______________________

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 2020

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

**NAME OF FINANCIAL INSTITUTION**
Rabobank N.A.

**ADDRESS**
155 South A Street

**AREA CODE/PHONE**
(805)240-1440

**BANK ACCOUNT NUMBER**
682457267

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93030

**4. Type of Committee**

- **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 PROponent</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>City Council - District 4</td>
<td>2020</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>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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