

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1386883

09 / 01 / 2016

Date qualified as committee
(if applicable)

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp Received Oxnard City Clerk 2018 AUG -1 PM 12: 25	CALIFORNIA FORM 410 For Official Use Only
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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

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

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 08/01/2018

DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/01/2018

DATE

By _____

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

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 Redacted
ADDRESS 156 West 5th 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"/>