### Statement of Organization Recipient Committee

**Statement Type**  
☐ Initial  
☐ Amendment  
☐ Termination – See Part 5  
Not yet qualified ☐ or  
☐ Yes  
☐ No  

**List I.D. number:**  

- # 1386883  
- # ____________

**Date qualified as committee**  
09/01/2016  
Date qualified as committee (If applicable)  

**Date of Termination**  

<table>
<thead>
<tr>
<th>1. Committee Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF COMMITTEE</strong></td>
</tr>
<tr>
<td>Chavez for Council 2020</td>
</tr>
</tbody>
</table>

**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)**

**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**  
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**

### 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/ASSISTING TREASURER**

**Executed on**  
08/01/2018

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent**

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**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.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabobank N.A.</td>
<td>(805)240-1440</td>
<td>Redacted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>156 West 5th Street</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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