Statement of Organization
Recipient Committee

Statement Type
- Initial
- Not yet qualified
- Date qualification threshold met

Date: DEC 17 PM 2:25

Date qualification threshold met

Date of termination

1. Committee Information
   I.D. Number:
   (If applicable)
   NAME OF COMMITTEE:
   Committee to Elect John C. Zaragoza for Mayor 2020
   STREET ADDRESS (NO P.O. BOX):
   2303 Hidden Valley Ct.
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93036
   AREA CODE / PHONE: 805-983-6685
   FULL MAILING ADDRESS (IF DIFFERENT):
n/a
   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):
n/a
   COUNTY OF DOMICILE:
   Ventura
   JURISDICTION WHERE COMMITTEE IS ACTIVE:
   Oxnard

2. Treasurer and Other Principal Officers
   NAME OF TREASURER:
   Tracy Gallaher
   STREET ADDRESS (NO P.O. BOX):
   2319 Channel Dr.
   CITY: Ventura
   STATE: CA
   ZIP CODE: 93036
   AREA CODE / PHONE: 805-901-4347
   NAME OF ASSISTANT TREASURER, IF ANY:
n/a
   STREET ADDRESS (NO P.O. BOX):
n/a
   CITY:
   STATE:
   ZIP CODE:
   AREA CODE / PHONE:
n/a
   NAME OF PRINCIPAL OFFICERS:
   John C. Zaragoza
   STREET ADDRESS (NO P.O. BOX):
   2303 Hidden Valley Ct.
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93036
   AREA CODE / PHONE: 905-983-6685

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 11-19-19
   By: Tracy Gallaher
   Signature of Treasurer or Assistant Treasurer

   Executed on 11-19-19
   By: John C. Zaragoza
   Signature of Controlling Officeholder, Candidate, or State Measure Proponent

   Executed
   By
   Signature of Controlling Officeholder, Candidate, or State Measure Proponent

   Executed
   By
   Signature of Controlling Officeholder, Candidate, or State Measure Proponent

   FPPC Form 410 (August/2018)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect John C. Zaragoza for Mayor 2020

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

NAME OF FINANCIAL INSTITUTION
Pending

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.

<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 CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>John C. Zaragoza</td>
<td>Mayor</td>
<td>2020</td>
<td>Nonpartisan [ ] Partisan [ ] (list political party below)</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 [ ] OPPOSE [ ] SUPPORT [ ] OPPOSE [ ]</td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect John C. Zaragoza for Mayor 2020

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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 this statement, 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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