

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

1423953

07/31/2020
Date of Termination

Received Date Stamp
Oxnard City Clerk

2020 JUL 31 PM 12:02

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

CHAVEZ FOR MAYOR 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)

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

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 07/31/2020
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/31/2020
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