

**Statement of Organization  
Recipient Committee**

**Statement Type**

**Initial**  
 Not yet qualified  
or  
 Date qualification threshold met  
08 / 27 / 2020

**Amendment**  
Date qualification threshold met  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Termination – See Part 5**  
Date of termination  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Stamp  
**RECEIVED**  
SEP 1 2020  
**OXNARD CITY CLERK**

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

**I.D. Number**  
*(if applicable)*

NAME OF COMMITTEE  
Deirdre Frank for Mayor of Oxnard 2020

STREET ADDRESS (NO P.O. BOX)  
249 E. Ocean Blvd. Ste. 685

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(213) 489-4792

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
dlgould@gouldorellana.com / (213) 489-4818

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Deirdre Frank

STREET ADDRESS (NO P.O. BOX)  
5244 Seabreeze Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	(805) 217-3259

NAME OF ASSISTANT TREASURER, IF ANY  
David Gould

STREET ADDRESS (NO P.O. BOX)  
249 E. Ocean Blvd. Ste. 685

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(213) 489-4792

NAME OF PRINCIPAL OFFICER(S)  
Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)  
249 E. Ocean Blvd. Ste. 685

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(213) 489-4792

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 8-27-20 By Redacted  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-27-20 By Redacted  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Deirdre Frank for Mayor of Oxnard 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER Redacted
ADDRESS 550 S. Hope Street Ste. 100	CITY Los Angeles	STATE CA
		ZIP CODE 90071

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		(list political party below)
			CHECK ONE		
Deirdre Frank	Mayor Oxnard Oxnard	2020	Nonpartisan X	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Deirdre Frank for Mayor of Oxnard 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 the verification, 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.