

**Statement of Organization
Recipient Committee**

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Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
 Oxnard City
 2020 JUL 23 PM 12:05 SEP 30 AM 9:37

CALIFORNIA FORM 410
 For Official Use Only

R/A

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Committee to Elect Efrain Jimenez II for Oxnard City Council 2020				NAME OF TREASURER Efrain Jimenez II			
STREET ADDRESS (NO P.O. BOX) 1340 S Ventura Rd				STREET ADDRESS (NO P.O. BOX) 1340 S Ventura Rd			
CITY Oxnard	STATE CA	ZIP CODE 93033	AREA CODE/PHONE (805)889-1006	CITY Oxnard	STATE CA	ZIP CODE 93033	AREA CODE/PHONE (805)889-1006
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) saturas89@yahoo.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard			CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				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	<u>7/23/20</u>	By	<u>Redacted</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>7/23/20</u>	By	<u>Redacted</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME <i>Committee to Elect Efrain Jimenez II for Oxnard City Council 2020</i>	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Wells Fargo</i>	AREA CODE/PHONE <i>(805) 278-8170</i>	BANK ACCOUNT NUMBER <i>Redacted</i>	
ADDRESS <i>1700 E Gonzales Rd.</i>	CITY <i>Oxnard</i>	STATE <i>CA</i>	ZIP CODE <i>93036</i>

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 CHECK ONE		
<i>Efrain Jimenez II</i>	<i>City Council, District 4</i>	<i>2020</i>	Nonpartisan <input checked="" type="checkbox"/>	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

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I.D. NUMBER

COMMITTEE NAME

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, orponent 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.