Statement of Organization
Recipient Committee

Statement Type □ Initial
Not yet qualified □ or
□ Date qualified as committee

[Redacted]

□ Amendment
Date qualified as committee
(If amending to provide this date)

[Redacted]

□ Termination - See Part 5
Date of termination

1. Committee Information
NAME OF COMMITTEE
Yes On Measure E! For a Safe and Sustainable Oxnard 2020

STREET ADDRESS (NO P.O. BOX)
[Redacted]

CITY
Santa Barbara, CA 93101

MAILING ADDRESS (IF DIFFERENT)
[Redacted]

FAX/E-MAIL ADDRESS
monica@cicsb.com

COUNTY OF DOMICILE
City of Oxnard

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)
Redacted

CITY
Santa Barbara, CA 93101

STATE ZIP CODE AREA CODE/PHONE
805-709-0595

NAME OF ASSISTANT TREASURER, IF ANY
Jen Cooper

STREET ADDRESS (NO P.O. BOX)
Redacted

CITY
Santa Barbara, CA 93101

STATE ZIP CODE AREA CODE/PHONE
805-448-9470

NAME OF PRINCIPAL OFFICER(S)
Edgar Fernandez

STREET ADDRESS (NO P.O. BOX)
Redacted

CITY
Oxnard, CA 93036

STATE ZIP CODE AREA CODE/PHONE
805-709-0595

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 10/10/20

Su[Redacted]

ASST[Redacted]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 10-20-20

Su[Redacted]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

Su[Redacted]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

Su[Redacted]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Yes on Measure E! For a Safe and Sustainable Oxnard 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>Pacific Premier Bank</td>
<td>805-979-4422</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>Redacted</td>
<td>Santa Barbara</td>
<td>CA</td>
<td>93101</td>
</tr>
</tbody>
</table>

4. Type of Committee

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></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</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>E Funding for Services like Oxnard 911 Safety/Medical</td>
<td>City of Oxnard</td>
</tr>
<tr>
<td>Response, Financial Recovery/Accountability Measure</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Yes On Measure E! For a Safe and Sustainable 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 OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.