

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment

Not yet qualified  or

Date qualified as committee

56

2020-10-14

Date qualified as committee

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

Date of termination

Received  
Oxnard City Clerk

Termination - See Part 5

2020 NOV -9 PM 4:16

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>OCT 23 2020</b>	
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**1. Committee Information** I.D. Number (if applicable) Pending 1433829 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Yes On Measure E! For a Safe and Sustainable Oxnard 2020

NAME OF TREASURER

Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Barbara, CA 93101

805-709-0595

NAME OF ASSISTANT TREASURER, IF ANY

Jen Cooper

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Barbara, CA 93101

805-448-9470

NAME OF PRINCIPAL OFFICER(S)

Edgar Fernandez

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Oxnard, CA 93036

805-709-0595

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Barbara, CA 93101

805-709-0595

MAILING ADDRESS (IF DIFFERENT)

Redacted

Santa Barbara, CA 93101

FAX / E-MAIL ADDRESS

monica@cicsb.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Oxnard

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.

Redacted

Executed on 10/20/20 By \_\_\_\_\_

ASSISTANT TREASURER

Executed on 10-20-20 By \_\_\_\_\_

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Yes on Measure E! For a Safe and Sustainable Oxnard 2020	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 Pacific Premier Bank	AREA CODE/PHONE 805-979-4422	BANK ACCOUNT NUMBER Redacted
ADDRESS 1035 State Street	CITY Santa Barbara	STATE CA
		ZIP CODE 93101

**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		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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
E Funding for Services like Oxnard 911 Safety/Medical	City of Oxnard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Response, Financial Recovery/Accountabilty Measure		<input type="checkbox"/>	<input type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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COMMITTEE NAME

Yes On Measure E! For a Safe and Sustainable Oxnard 2020

I. D. NUMBER

Pending

## 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.

FORM	REFERENCE	NOTES
CA 410	Cover	