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Statement of Organi	zation /	43382	29	Date Stamp	CATEUR	ORNIA Z Z Z
Recipient Committee		1000	*	RECEIVES .	FO	RM 410
Statement Type 🛛 Initia	al Amendment	t postei	mination – See Part 5	the office of the SMOKIN	REC	ENED AND FILE
Q Not y	ret qualified	Oxnard	ity Cierk	the office of the Secretary of S	tate in the	office of the Secretary of Softhe State of California
_	or qualified as committee	/	The second seconds with the second se	SEP 22 2020		
	Date qualified as	complite NOV 1291	e of terminally	2020 C. C. 2020		OCT 14 2020
1. Committee Informat	ion I.D. Number (if applicable)		2. Treasurer and	Other Principal Officer	S	NET TO CHE SA CONTROL CONTROL OF A STATE OF THE CONTROL CONTRO
NAME OF COMMITTEE	and the second s	PER Procedure de Sandrier a provinció populario de la servação de la construir para para para de la construir	NAME OF TREASURER	ferferend destante beforme suite en une vier abbetrebet i a methade, <del>de betre</del> nne meterer, destabb bass lave i, ac	Security of the same and the same same same same same same same sam	gyaka) antuum berudah sepulah sultu dagi adam tuur teren 1900 ya 2006 adam tuur 1900 ka 1906 adam sultu 1906 a
Yes on Measure E! For a	Safe and Sustainable Oxnard 2029	0	Monica Intaglietta			
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Redacted			Santa Barbara	·CA	93101	805-709-0595
сіту Santa Barbara		area code/phone 05-709-0595	name of assistant treasurer  Jen Cooper	, IF ANY		
MAILING ADDRESS (IF DIFFERENT)		19.08 меня на это в него на применя по в применя на в применя в под	STREET ADDRESS (NO P.O. BOX) Redacted	- PROTEIN BLANDEN I LINE VI I SANT BLANDEN PROTEIN BLANDEN PROTEIN BLANDEN FREI PROTEIN BLANDEN FREI PLAN	enhance.unce of Labour to the Designation	and and Milatella of view a first County (Milatel 1855) of November Authoritists and Stiffs for any departure
E-MAIL ADDRESS (REQUIRED) / FAX (OP monica@cicsb.com	TIONAL)	restriction of the second	CITY	STATE	ZIPCODE	AREA CODE/PHONE
monica@cicab.com		••	Santa Barbara	CA	93101	805-448-9470
county of domicite Ventura County	City of Oxnard	THE SECTION THE PROPERTY WAS ABOUT THE SECTION OF	name of principal officer(s) Edgar Fernandez	э стом, че сах ваминический и то « Eda » до чено може (до доборувации, чет и и подостова и да надостова и да н С	Увойна от пореж в образова на предостава на предостава на предостава на предостава на предостава на предостава	opiase, kitokisus o zadanja oto (na una transformati pisas pisas okazulas okazu s
	темпен основно <del>болени темпендени в шаманиванс</del> ного условность в выполно до доводи от доводи от доводи от доводи	рэлжээния томы (шэжийнийн хүргэгч нь тос со <sub>й</sub> лагаа	STREET ADDRESS (NO P.O. BOX) Redacted	1998 (1995) (1995) seet valles (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996)	nero de Esta Perez de Porte de la Laboración de 1940.	in er menteta er minister eta erre erre erre erre erre erre er
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Ашаст ааатопаттуогтан	on on appropriately labeled continuati	on sneets.	Oxnard	CA	93036	805-709-0595
Executed on  Executed on	- <u>20</u> By C	the foregoing is trusted the foregoing is trusted to the signature of controlling the signature of cont		EASURE PROPONENT	CONTRACTOR OF THE STATE OF THE	e. I certify under
	CASSIC Pray	) (a)	Parland.	FPR Advi	au odvici i Sp	оли эли (в66/275-3772) олендоу (в66/275-3772) эмэгайрасалдау

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## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 2
I.D. NUMBER

COMMITTEE NAME				I.D. NUMBER
Yes on Measure E! For a Safe and Sustainable Oxnard 2020				
TOO OTT MOGGATO LET.				
an a	sign bank account is located			
<ul> <li>All committees must list the financial institution where the campa</li> </ul>	ign pank account is located.			
	· AREA CODE/PHONE	BANK ACCOUNT NUMBER		
NAME OF FINANCIAL INSTITUTION		Redacted		
Pacific Premier Bank	805-979-4422			
ADDRESS	CITY	STATE	ZIP CODE	
1035 State Street	Santa Barbara		93101	and the second s
1000 State Sileet				
4. Type of Committee Complete the applicable sections.			Here I was	

## 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	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK		
			Nonpartisan	Partisan	(list political party below)
			Negostican	Partisan	(list political party below)
			Nonpartisan	rai tisaii	(list political party below)
					·
		L			

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)

LEA 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)

VEAR OF

CHECK ONE

E Funding for Services like Oxnard 911 Safety/Medical	City of Oxnard	-		SUPPORT	OPPOSE
Response, Financial Recovery/Accountabilty Measure			•	SUPPORT	OPPOSE
Trooporiso, Financial Free Co. J. 1222			 والمناوات والمناوات		L

## Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE

CALIFORNIA FORM

Page 3

). NUMBER	
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COMMITTEE NAME Yes on Measure E! For a Safe and Sustainable Oxnard 2020	I.D. NUMBER
4. Type of Committee (Continued)	
General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Check only  □ CITY Committee □ COUNTY Committee □ STATE Committee □ Political Party/Central Committee	
PROVIDE BRIEF DESCRIPTION OF AC	
Sponsored Committee List additional sponsors on an attachment	• .
NAME OF SPON INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE	AREA C
Small Contributor Committee	
5. Termination Require By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following the verification of the verification of the following the verification of the veri	lowing conditions have been met:
<ul> <li>This committee has ceased to receive contributions and make expenditures;</li> </ul>	•
<ul> <li>This committee does not anticipate receiving contributions or making expenditures in the future;</li> </ul>	
This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obli	
This committee has no surplus funds; and	
<ul> <li>This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transaction</li> </ul>	
There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated cano Code Section 89519.	didates. Refer to Government
Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code subject to Elections Code Section 18680 and FPPC Regulation 18521.5.	Sections 89511 - 89518, and are

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