

Statement of Organization
Recipient Committee

1433829

Statement Type

Initial

Amendment

Termination -- See Part 5

Not yet qualified
or

Date qualified as committee

Date qualified as committee _____
Date of termination _____

Oxnard City Clerk

2020 NOV 19 PM 3:00

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

SEP 22 2020

CALIFORNIA FORM 410

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

OCT 14 2020

1. Committee Information

I.D. Number
(if applicable)

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

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

Santa Barbara

STATE

CA

ZIP CODE

93101

AREA CODE/PHONE

805-709-0595

CITY

Santa Barbara

STATE

CA

ZIP CODE

93101

AREA CODE/PHONE

805-709-0595

NAME OF ASSISTANT TREASURER, IF ANY

Jen Cooper

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

Santa Barbara

STATE

CA

ZIP CODE

93101

AREA CODE/PHONE

805-448-9470

NAME OF PRINCIPAL OFFICER(S)

Edgar Fernandez

STREET ADDRESS (NO P.O. BOX)

Redacted

CITY

Oxnard

STATE

CA

ZIP CODE

93036

AREA CODE/PHONE

805-709-0595

COUNTY OF DOMICILE

Ventura County

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.

Executed on

9/15/20

DATE

By

Redacted

Executed on

9-15-20

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

TREASURER OR ASSISTANT TREASURER

SPSC Form 410 (February 2013)

SPSC Admin: admin@spsc.ca.gov (866) 225-3772

www.spsc.ca.gov

**Statement of Organization
Recipient Committee**

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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	

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
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER	

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

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

_____/_____/_____
Date qualified

5. Termination Require

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 obli
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transaction
- 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.

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