Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
Yes on Measure E! For a Safe and Sustainable Oxnard 2020

STREET ADDRESS (NO P.O. BOX)

CITY: Santa Barbara
STATE: CA
ZIP CODE: 93101
AREA CODE/PHONE: 805-709-0595

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
monica@cicsb.com

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Monica Intagliaetta

STREET ADDRESS (NO P.O. BOX)

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)

CITY: Santa Barbara
STATE: CA
ZIP CODE: 93101
AREA CODE/PHONE: 805-448-9470

NAME OF PRINCIPAL OFFICER
Edgar Fernandez

STREET ADDRESS (NO P.O. BOX)

CITY: Oxnard
STATE: CA
ZIP CODE: 93036
AREA CODE/PHONE: 805-709-0595

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 October 15, 2020

Signature of Controlling Officer, Candidate, or State Measure Proponent

Redacted

Redacted

Redacted

Redacted

Redacted
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME:
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.

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 unacceptable

- 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</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<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:

- 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.

<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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E Funding for Services like Oxnard 911 Safety/Medical</td>
<td>City of Oxnard</td>
<td>SUPPORT</td>
</tr>
<tr>
<td>Response, Financial Recovery/Accountability Measure</td>
<td></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:
  - ☐ CITY Committee
  - ☐ COUNTY Committee
  - ☐ STATE Committee
  - ☐ Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF AC

Sponsored Committee
List additional sponsors on an attachment

<table>
<thead>
<tr>
<th>NAME OF SPON</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET</td>
</tr>
</tbody>
</table>

- **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.