·	Statement of Recipient Cor					Oxnard Gi			ORNIA 410
2. Treasurer and Other Principal Officers NAME OF TREASURER Daniel Chavez, Jr. STREET ADDRESS (NO RO. BOX) CITY STATE ZIF CODE AREA CODE/PHONE CA 93035 (805)946-3516 MALLIAN ADDRESS (IF DIFFERENT) PAY JEAMAL ADDRESS (IF DIFFERENT) AREA CODE/PHONE COUNTY OF DOMICIE Ventura Oxnard Attach additional information on appropriately labeled continuation sheets. 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 Rhewilegiae the Information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the Executed on O1/02/2020 By SMALLINE OF OND MALLIAN STATE MASSURE PROPONENT STREET ADDRESS (NO PO. BOX) STREET ADDRESS (NO P	Statement Type	☑ Initial				2020 JAN -3	AM 10: 3 I		
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Attach additional information on appropriately labeled continuation sheets. CITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE 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 Executed on O1/02/2020 DATE Executed on DATE SIGNATURE OF CONTROLLING PEFICENDER, CAND DATE,		navezjr.com			CITY		STATE	ZIP CODE	AREA CODE/PHONE
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 Executed on O1/02/2020 DATE Executed on O1/02/2020 DATE Executed on DATE By SIGNATURE OF CONTROLLING DEFICENCY DER, CAND DATE, OR STATE MEASURE PROPONENT Executed on By			HERE COMMITTEE IS ACTIVE						
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DATE SIGNATURE OF CONTROLLING OFFICEHOLDES CANDIDATE, OR STATE MEASURE PROPONENT	I have used all penalty of period penalty of period Executed on 01	ury under the laws of the St 1/02/2020 By DATE By DATE	rate of California that th	Managore C	REASURED OR ASSISTA	NT TREASURER		e and comple	ete. I certify under
Executed onBy		DATE By	SIGNAT	TURE OF CONTROLLING O	FFICEHOLDEB CANDIDATE	, OR STATE MEASURE PROPONEI	NT		

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee				CALIFORNIA 410
NSTRUCTIONS ON REVERSE			P	age 2
CHAVEZ FOR MAYOR 2020			± (1.1	D. NUMBER
 All committees must list the financial institution where the campaign 	bank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT Redacted	NUMBER	
Mechanics Bank	(805)240-1440	·		
ADDRESS	CITY	STATE	ZIP CODE	
156 West 5th Street	Oxnard	CA	93030	
 List the name of each controlling officeholder, candidate, or stat district number, if any, and the year of the election. List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT 	is affiliated or check "nonpart , list the name and identificati ELECTIVE OFFICE	isan."		
Daniel Chavez, Jr.	Mayor		2020	Nonpartisan
Primarily Formed Committee Primarily formed to support or of the committee of the committe	CANDID		D OR MEASURE(S) JURISDICTION	CHECK ONE SUPPORT OPPOSE

Statement of Organization Recipient Committee	CALIFORNIA 410		
NSTRUCTIONS ON REVERSE	Page 3		
OMMITTEE NAME	I.D. NUMBER		
CHAVEZ FOR MAYOR 2020	5		
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	« :		
ROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Sponsored Committee List additional sponsors on an attachment.			
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE			
Small Contributor Committee			

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.