

**Statement of Organization
Recipient Committee**

Received
Oxnard City Clerk

Date Stamp

**CALIFORNIA
FORM 410**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met
 08 / 27 / 2020

Amendment
 Date qualification threshold met
 _____ / _____ / _____

Termination - See Part 5
 2021 FEB 23 PM 4: 22
 Date of termination
 12 / 31 / 2020

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

JAN 28 2021

For Official Use Only

1. Committee Information I.D. Number 1430929 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Deirdre Frank for Mayor of Oxnard 2020

NAME OF TREASURER

Deirdre Frank

STREET ADDRESS (NO P.O. BOX)

[Redacted Address]

STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93035 (805) 217-3259

NAME OF ASSISTANT TREASURER, IF ANY

David Gould

STREET ADDRESS (NO P.O. BOX)

[Redacted Address]

CITY STATE ZIP CODE AREA CODE/PHONE

Long Beach CA 90802 (213) 489-4792

NAME OF PRINCIPAL OFFICER(S)

Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)

[Redacted Address]

CITY STATE ZIP CODE AREA CODE/PHONE

Long Beach CA 90802 (213) 489-4792

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(213) 489-4792

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 dlgould@gouldorellana.com / (213) 489-4818

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information

contained herein is true and complete. I certify under

Executed on 1-5-21 By [Redacted]

Executed on 1-5-21 By [Redacted]

Executed on _____ By [Redacted]

Executed on _____ By [Redacted]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Deirdre Frank for Mayor of Oxnard 2020

I.D. NUMBER

1430929

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Los Angeles	STATE CA
		ZIP CODE 90071

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		
			Nonpartisan	Partisan	(list political party below)
Deirdre Frank	Mayor City of Oxnard	2020	X		
			Nonpartisan	Partisan	(list political party below)

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Deirdre Frank for Mayor of Oxnard 2020

I.D. NUMBER

1430929

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 OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.