

Statement of Organization Recipient Committee

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In the office of the Secretary of State
of the State of California

1430671

AUG 21 2020

Date Stamp
Oxnard City Clerk
2020 AUG -3 2020 SEP 30
AM 9:37 PM 2:51

CALIFORNIA FORM 410

Official Use Only

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or		
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
Committee to Elect Saul Medina Oxnard City Council 2020

STREET ADDRESS (NO P.O. BOX)
931 W. Kamala Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033 (805) 248-2917

FULL MAILING ADDRESS (IF DIFFERENT)
Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
medina2008@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Deborah "Debbie" Navarro

STREET ADDRESS (NO P.O. BOX)
931 W. Kamala St (805) 479 5892

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033

NAME OF ASSISTANT TREASURER, IF ANY
Saul Medina

STREET ADDRESS (NO P.O. BOX)
931 W. Kamala St (805) 248 2917

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 foregoing is true and complete.

Executed on 8/31/2020 By _____
Executed on 8/31/2020 By _____
Executed on _____ By _____
Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <i>Committee to Elect Saul Medina Oxnard City Council 2020</i>	Page 2
	I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <i>pending banking services</i>	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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		
<i>Saul Medina</i>	<i>Oxnard City Council</i>	<i>2020</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
	<i>District 4</i>		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