

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination -- See Part 5

Not yet qualified
or
 Date qualified as committee _____ / _____ / _____
Date qualified as committee Date of termination

Date Stamp	CALIFORNIA FORM 410
Oxnard City Clerk 2020 SEP 22 AM 9:11	For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number
(if applicable)

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

STREET ADDRESS (NO P.O. BOX)
226 E. Canon Perdido St #D

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

MAILING ADDRESS (IF DIFFERENT)

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

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

NAME OF TREASURER
Monica intaglietta

STREET ADDRESS (NO P.O. BOX)
226 E. Canon Perdido St. #D

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

NAME OF ASSISTANT TREASURER, IF ANY
Jen Cooper

STREET ADDRESS (NO P.O. BOX)
226 E. Canon Perdido #D

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

NAME OF PRINCIPAL OFFICER(S)
Edgar Fernandez

STREET ADDRESS (NO P.O. BOX)
Redacted

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	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 9/15/20 By Redacted TREASURER OR ASSISTANT TREASURER

Executed on 9-15-20 By Redacted SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

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

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Pacific Premier Bank	AREA CODE/PHON 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, a 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 committ

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPON	ELECTIVE OFFICE SOUGHT (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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 LETT 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	OPPOS
Yes on Measure E! For a Safe and Sustainable Oxnard 2020	City of Oxnard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS

COMMITTEE NAME

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACT

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/P

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.

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