

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment

Not yet qualified  or

Date qualified as committee

Date qualified as committee

2020-10-14  
Date qualified as committee  
(If amending to provide this date)

Received  
Oxnard City Clerk  
 Termination - See Part 5

2021 FEB 23 AM 11:00

2020-12-31  
Date of termination

Date Stamp  
**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California  
JAN 12 2021

**CALIFORNIA FORM 410**  
For Official Use Only  
**FILED**  
FEB 08 2021

**1. Committee Information** I.D. Number (if applicable) **1433829** **2. Treasurer and Other Principal Officers** SANTA BARBARA COUNTY ELECTIONS

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

STREET ADDRESS (NO P.O. BOX)  
[Redacted]

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

MAILING ADDRESS (IF DIFFERENT)  
[Redacted] Santa Barbara, CA 93101

FAX / E-MAIL ADDRESS  
monica@cicsb.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Oxnard

NAME OF TREASURER  
Monica Intaglietta

[Redacted]

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)  
[Redacted]

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

NAME OF PRINCIPAL OFFICER(S)  
Edgar Fernandez

[Redacted] BOX)

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 preparation of this statement and I acknowledge the penalty of perjury under the laws of the State of California.

I acknowledge the information contained herein is true and complete. I certify under penalty of perjury that the information is correct.

Executed on 1/5/21 By [Redacted]

Executed on 1/5/21 By [Redacted]

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

TREASURER OR ASSISTANT TREASURER

OFFICER, CANDIDATE, OR STATE MEASURE PROponent

# Statement of Organization Recipient Committee

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COMMITTEE NAME

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

I. D. NUMBER  
1433829

- 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

ADDRESS

1035 State Street

CITY

Santa Barbara, CA 93101

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."
- 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
			<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

### 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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
E Funding for Services like Oxnard 911 Safety-Medical Response,	City of Oxnard	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

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

I. D. NUMBER

1433829

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 OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**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.

FORM	REFERENCE	NOTES
CA 410	Cover	