

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met  
 1 / 2 / 20

Termination - See Part 5  
 Date of termination  
 2021 01 - 09 PM 2:33

Date Stamp

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

**DEC 17 2020**

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** I.D. Number **1422965** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
*Committee to Elect John C. Zaragoza for Mayor 2020*

CITY STATE ZIP CODE AREA CODE/PHONE  
*Oxnard, CA 93036 805-983-6685*

FULL MAILING ADDRESS (IF DIFFERENT)  
*N/A*

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
*Johnc.zaragoza@verizon.net*

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
*Ventura Oxnard*

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER  
*Renee Zaragoza*

CITY STATE ZIP CODE AREA CODE/PHONE  
*Oxnard, CA 93030 805-312-5309*

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
*John C. Zaragoza*

CITY STATE ZIP CODE AREA CODE/PHONE  
*Oxnard, CA 93036 805-983-6685*

**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 information provided is true and correct.

Executed on 12/10/2020 By \_\_\_\_\_

Executed on 12/10/2020 By \_\_\_\_\_

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

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

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME <i>Committee to Elect John C. Zaragoza for Mayor 2020</i>	I.D. NUMBER <i>1422965</i>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Citi Bank.</i>	AREA CODE/PHONE <i>805.290.4337</i>	BANK ACCOUNT NUMBER [REDACTED]
AT [REDACTED]	CITY <i>Ventura CA</i>	STATE ZIP CODE <i>93003</i>

**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>John C. Zaragoza</i>	<i>Mayor</i>	<i>2020</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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
		SUPPORT	OPPOSE

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COMMITTEE NAME

Committee to Elect John C. Zaragoza for Mayor 2020

I.D. NUMBER

1422965

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 ponent 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.