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Oxnard City Clerk  
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**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment 2019 DEC 17 PM 2:25 Date qualification threshold met	<input type="checkbox"/> Termination - See Part 5 Date of termination
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Date Stamp  
**RECEIVED**  
In the office of the Secretary of State  
of the State of California  
NOV 21 2019

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

**1. Committee Information**

I.D. Number (if applicable)

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)  
n/a JOHN C. ZARAGOZA @ VERIZON.NET

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Tracy Gallaher  
DEC 02 2019

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93003	805-901-4347

NAME OF ASSISTANT TREASURER, IF ANY  
n/a

STREET ADDRESS (NO P.O. BOX)  
n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a	n/a	n/a	n/a

NAME OF PRINCIPAL OFFICER(S)  
John C. Zaragoza

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	905-983-6685

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

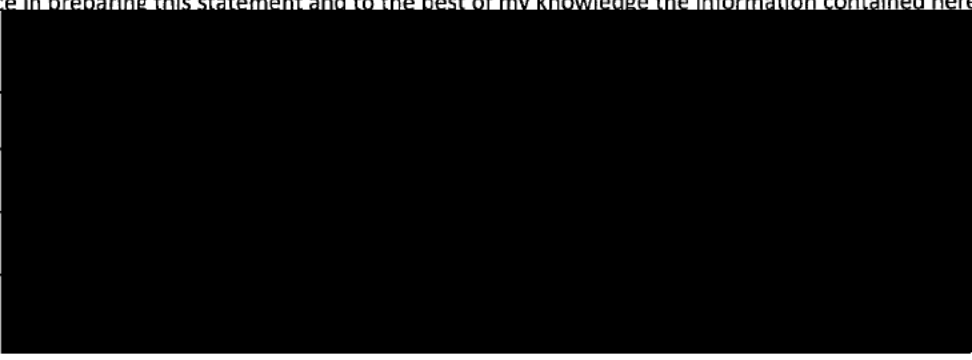
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws

Executed on 11-19-19  
DATE

Executed on 11-19-19  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Pending	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		(list political party below)
			Nonpartisan	Partisan	
John C. Zaragoza	Mayor	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Committee to Elect John C. Zaragoza for Mayor 2020

I.D. NUMBER

**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.