

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met
____/____/____

Amendment
Date qualification threshold met
2020
01 / 02 / 2020

Termination - See Part 8
Date of termination
____/____/____

Received
Oxnard City Clerk

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Date Stamp

JAN 21 2020

**CALIFORNIA
FORM 410**

For Official Use Only

CK

1. Committee Information I.D. Number (if applicable) 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
[Redacted] 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

NAME OF TREASURER
Tracy Gallaher

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

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

[Redacted]

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

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 of

Executed on 1-12-2020
DATE

Executed on 1-12-2020
DATE

Executed on _____
DATE

Executed on _____
DATE

[Redacted Signature Area]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1422965

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

NAME OF FINANCIAL INSTITUTION Citibank	AREA CODE/PHONE 805-290-4337	BANK ACCOUNT NUMBER Redacted	
ADDRESS 1011 Victoria Ave.	CITY Ventura	STATE CA	ZIP CODE 93003

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

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I.D. NUMBER

1422965

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

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.