mittee Initial Not yet qualified I or	Amendment List I.D. number:	☐ Termin	ation – See Part 5	HECEIVED in the office of the	) AND FI	T. B. Duran	For Official Use Only
//	# 1386883 09 ,01 ,2016		oer:	of the Stat	e of California	7 3140 2018 JUN	19 AM II: 02
ormation			2. Treasurer and NAME OF TREASURER	Other Principa	d Officers		(当时数字) 经基本基础的基础的证明的
ncil 2020			STREET ADDRESS (NO P.O. I	вох)			
OX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
k St			Oxnard		CA	93035	(805)946-3516
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							ANGLESON (NUMBER
ezir com			CITY		STATE	ZIP CODE	AREA CODE/PHONE
	HERE COMMITTEE IS ACTIVE	··	NAME OF PRINCIPAL OFFIC	ER(5)			
Oxnard							
<b>1</b>			STREET ADDRESS (NO P.O. E	BOX			
formation on appropriat	ely labeled continuation sheet	S.	СІТҮ		STATE	ZIP CODE	AREA CODE/PHONE
sonable diligence in prep	paring this statement and to the ate of California that the fores	signature o	FTRANUFER OR ASSESSOOTR	EASURER	herein is tru	e and comple	ete. I certify under
	primation  ncil 2020  ox)  k St  CA S  RENT)  /ezjr.com  /oxnard  formation on appropriate  sonable diligence in prepunder the laws of the St  5/2018  DATE  5/2018  By  By  By	Date qualified as committee  Date qualified as committee  Ormation  Date qualified as committee  Ormation  Date qualified as committee  (If applicable)  Date qualified as committee  (If applicable)  Date qualified as committee  (If applicable)  Date qualified as committee  If applicable)  Date qualified as committee  Date qualified as committee  AREA CODE/F  CA 93035 (805)946  RENT)  PORTION  PORTION WHERE COMMITTEE IS ACTIVE  OXNARD  DATE  DATE  DATE  DATE  By  DATE  DATE  By  DAT	Date qualified as committee  Date qualified as committee  Date of Total 2020  Date of	Date qualified as committee  Ormation  Date qualified as committee  (If applicable)  Date of Termination  Date of Termination  NAME OF TREASURER  Daniel Chave  STREET ADDRESS (NO P.O. 1920 W Hem  CITY  OXN ard  STATE ZIP CODE AREA CODE/PHONE  CA 93035 (805)946-3516  RENT)  P(EZJT.COM)  JURISDICTION WHERE COMMITTEE IS ACTIVE  OXN ard  STREET ADDRESS (NO P.O. 10)  CITY  VEZJT COM  JURISDICTION WHERE COMMITTEE IS ACTIVE  OXN ard  STREET ADDRESS (NO P.O. 10)  CITY  NAME OF PRINCIPAL OFFICE  OXN ard  STREET ADDRESS (NO P.O. 10)  CITY  VEZJT COM  STREET ADDRESS (NO P.O. 10)  CITY  STREET ADDRESS (NO P.O. 10)	Date qualified as committee  Date qualified as committee  Date qualified as committee  Date of Termination  2. Treasurer and Other Princips NAME OF TREASURER  Daniel Chavez, Jr.  STREET ADDRESS (NO P.O. BOX)  1920 W Hemlock St  CITY  Oxnard  NAME OF ASSISTANT TREASURER, IF ANY  CA 93035 (805)946-3516  RENT)  RENT)  JURISDICTION WHERE COMMITTEE IS ACTIVE  Oxnard  STREET ADDRESS (NO P.O. BOX)  CITY  AMME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX)  CITY  CITY  NAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX)  CITY  CITY  SIREET ADDRESS (NO P.O. BOX)  CITY  SOMBLE OF PRINCIPAL OFFICER(S)  SOMBLE diligence in preparing this statement and to the best of my knowledge the information contained under the laws of the State of California that the foregoing is true and correct  SOMBLE diligence in preparing this statement and to the best of my knowledge the information contained under the laws of the State of California that the foregoing is true and correct  SOMBLE DATE  SIGNURE OF THE UNBERGY ASSIST TREASURER  SIGNURGE OF THE UNBERGY ASSIST TREASURER  SIGNUAL OF THE UNBERGY ASSIST TREASURER  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX	Date qualified as committee (lappicable)  Date qualified as committee (lappicable)  Date of Termination  2. Treasurer and Other Principal Officers  NAME OF TREASURER  Daniel Chavez, Jr.  STREET ADDRESS (NO P.O. BOX)  1920 W Hemlock St  GIY STATE  CA 93035 (805)946-3516  RENT)  DINISDICTION WHERE COMMITTEE IS ACTIVE  Oxnard  Oxnard  Formation on appropriately labeled continuation sheets.  Daniel Chavez, Jr.  STREET ADDRESS (NO P.O. BOX)  1920 W Hemlock St  GIY STATE  Oxnard CA  NAME OF ASSISTANT TREASURER, IF ANY  STREET ADDRESS (NO P.O. BOX)  CITY STATE  FORMATION ON APPRINCIPAL OFFICER(S)  FORMA	Date qualified as committee  Date qualified as committee ((if applicable))  Date qualified as committee ((if applicable))  Date qualified as committee ((if applicable))  Date of Termination  2. Treasurer; and Other Principal Officers  NAME OF TREASURER  Daniel Chavez, Jr.  STREET ADDRESS (NO P.O. BOX)  1920 W Hemlock St  CITY 5TATE ZIP CODE  CA 93035 (805)946-3516  RENT)  DATE  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  NAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  OXN ARM COS PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF PRINCIPAL OFFICER(S)  CITY STATE ZIP CODE  TOWN AMME OF TREASURER  TOWN

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www.fppc.ca.gov

Statement of Organization Recipient Committee			4		CALIFO FOR	ORNIA 4	110	
NSTRUCTIONS ON REVERSE				·	Page 2			
COMMITTEE NAME					I.D. NUMBER	`		
Chavez for Council 2020				<u> </u>	1386883	3		
<ul> <li>All committees must list the financial institution where the campaig</li> </ul>	n bank account is l	ocated.						
NAME OF FINANCIAL INSTITUTION	AREA CODE/PI	AREA CODE/PHONE BANK ACC			COUNT NUMBER			
Rabobank N.A.	(805)240-1440		682457	<b>7</b> 267				
ADDRESS	CITY		STATE	ZIP CODE				
155 South A Street	Oxnard		CA	93030				
4. Type of Committee Complete the applicable sections.	aj di Se Sebela di	derbe aleman		Gwernings on the Greek		ation of the state of		
Controlled Committee	• .			· .				
<ul> <li>List the name of each controlling officeholder, candidate, or sta district number, if any, and the year of the election.</li> </ul>	ite measure prop	onent. If candidate o	r officeholder co	ntrolled, also list the	elective office	e sought or h	eld, and	
List the political party with which each officeholder or candidate	te is affiliated or c	heck "nonpartisan."			27			
If this committee acts jointly with another controlled committe	e, list the name a	nd identification num	ber of the other	controlled committe	e.	,		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	{11	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			TION ·	PARTY		
Daniel Chavez, Jr.	City Coun	cil - District 4		2020	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	onpartisan	·	
					□ No	onpartisan		
Primarily Formed Committee Primarily formed to support or	oppose specific o	candidates or measure	s in a single elec	ction. List below:				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L	ETTER)	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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