Statement of 0 Recipient Con			Date Stamp Received Oxnard City Clerk	CALIFORNIA 410
Statement Type	☐ Initial O Not yet qualified or O Date qualification threshold met /	Termination – See Part 5 Date of termination	2020 AUG 12 PM 2: 36	For Official Use Only
1. Committe	e Information I.D. Number 1428442	2. Treasurer and	Other Principal Officers	
Committee to I	Elect Ronald Arruejo for Oxnard City Council 2020	Ronald Arruejo STREET ADDRESS INO P.O. BOX		
STREET ADDRESS (NO P.O	D. BOX)	CITY	STATE	ZIP CODE AREA CODE/PHONE
		Oxnard NAME OF ASSISTANT TREASURER	CA	93030 (805) 822-7250
Oxnard	STATE ZIP CODE AREA CODE/PHONE CA 93030 (805) 822-7250	NAME OF ASSISTANT TREASURER	C, IF ANT	
FULL MAILING ADDRESS		STREET ADDRESS (NO P.O. BOX)		
PO Box 7353, C	Oxnard, CA 93031			
e-mail address (requi		CITY	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Ventura	City of Oxnard	Ronald Arruejo		
		STREET ADDRESS (NO P.O. BOX)		
844	- Linformation on properties of labeled continuation cheets	CIT	STATE	ZIP CODE AREA CODE/PHONE
Attach addition	al information on appropriately labeled continuation sheets.	Oxnard	CA	93030 (805) 822-7250
3. Verification	on —			
penalty of perju	easonable diligence in preparing this statement and to the best or under the laws of the State of California that the foregoing is	of my knowledge the informa true and correct.	tion contained herein is true a	nd complete. I certify under
Executed on At	ngust 7, 2020 DATE By	ATURE OF TREASURER OR ASSISTANT TREASU	RER	
Executed onAt	ngust 7, 2020 DATE By SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	By	LLING OFFICEHOLDER, CANDIDATE, OR STATE		
Executed on	DATE By SIGNATURE OF CONTRO	OLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	

Statement of Organization **Recipient Committee** INSTRUCTIONS ON REVERSE

Committee to Elect Ronald Arruejo for Oxnard City Council 2020

Page 2
I.D. NUMBER
1428442

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank, N.A.	(805) 278 - 8170	Redacted	NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	
1700 E Gonzalez Road	Oxnard	CA	93036	

4. Type of Committee Complete the applicable sections.

Controlled Committee

COMMITTEE NAME

- · 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.

ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY ELECTION NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) CHECK ONE

Ronald Arruejo	City Council, District 3	2020	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily formed to support or oppose specific candidates or measures in a single election. List below: **Primarily Formed Committee**

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CHECK ONE

	SUPPORT	OPPOSE
	SUPPORT	OPPOSE

Statement of Organization **Recipient Committee**

CALIFORNIA FORM

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

Page 3

1/20//2

Committee to Elect Roman	Arruejo for Oxnard City Council 2				
4. Type of Committe	ee (Continued)				
General Purpose Committee	Not formed to support or o	ppose specific candidates or measu COUNTY Committee		only one box: ttee	
ROVIDE BRIEF DESCRIPTION OF ACTIVIT	TY				
Sponsored Committee	List additional sponsors on an att		LIATION OF SPONSOR		
	List additional sponsors on an att	industry group or Affi	LIATION OF SPONSOR		
NAME OF SPONSOR	List additional sponsors on an att		LIATION OF SPONSOR STATE	ZIP CODE A	area code/phone
IAME OF SPONSOR		INDUSTRY GROUP OR AFFI		ZIP CODE	AREA CODE/PHONE
IAME OF SPONSOR	ND STREET	INDUSTRY GROUP OR AFFI		ZIP CODE	AREA CODE/PHONE

- · 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.