Statement of Organization Recipient Committee				Pate Stamp, elived Sity C	CALIFORNIA 410		
Statement Type	⊠ Initial	☐ Amendment	X Termination – See Part 5	AMENDAL SHEET	For Official Use Only		
	O Not yet qualified			2021 JAN 29 AM 11	: 49		
	or One of the property of the	Date qualification threshold met	Date of termination				
	08 / 27 / 2020	/	12 / 31 / 2020				
1. Committee In	iformation I.D. Number		2. Treasurer and 0	Other Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER				
Deirdre Frank fo	r Mayor of Oxnard 2020		Deirdre Frank	V.			
	-		STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O	, BOX)	••••	CITY	STATE	ZIP CODE AREA CODE/PHONE		
			Oxnard NAME OF ASSISTANT TREASURER, I	CA	93035 (805)217-3259		
CITY	STATE ZIP C	·		PANT			
Long Beach FULL MAILING ADDRESS (CA CA	90802 (213) 489-47	92 David Gould STREET ADDRESS (NO P.O. BOX)	 			
FOLL WAILING ADDRESS	ir Ditterktari						
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AREA CODE/PHONE		
dlgould@gouldore	llana.com / (213)489-4818		Long Beach	CA	90802 (213) 489-4792		
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE (S ACTIVE	NAME OF PRINCIPAL OFFICER(S)	•			
Ventura	Oxnard		Ingrid Orellana				
	· ·		STREET ADDRESS (NO P.O. BOX)				
			CITY	STATE	ZIP CODE AREA CODE/PHONE		
Attach additional i	information on appropriately lab	eled continuation sheets.					
			Long Beach	CA	90802 (213) 489-4792		
	easonable diligence in preparing try ry under the laws of the Sta	inis statement and to the pest	. or my knowledge the information	on contained herein is true ar	nd complete. Teerthy under		
	1-5-21 By_						
Executed on/	DATE By _						
Executed on F	_ C5 _ Z By _						
· · ·	DATE			PROPONENT			
Executed on	DATE By		CLUMP OFFICE OF THE PARTY OF TH	TAGUET OR OR ON ITAGE			
		SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PRUPUNENT			
Executed on	DATE By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE MI	EASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

INSTRUCTIONS ON REVERSE COMMITTEE NAME Delirate Frank for Mayor of Oxnard 2020 *All committees must list the financial institution where the campaign bank account is located. **RAME OF FINANCIAL INSTITUTION** California Bank & Trust. CITY STATE BYFODE Los Angeles CA 90071 **A.Type of Committee Cumplete Lise 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, a 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. **Indicating Frank** Mayor City of Oxnard **Mayor City of Oxnard **PARTY CONTROLLED STATE MEASURE PROPONENT** **Indicating Frank** **Mayor City of Oxnard **PARTY PRATISAN (list political party below Controlled Committee)** **Primarily Formed Committee** **Primarily Formed Committee**	Statement of Organization Recipient Committee	,					ORNIA Z	410
Peirtre Frank for Mayor of Oxnard 2020 All committees must list the financial institution where the campaign bank account is located. ***AMRE OF PRIMARICAL RESTRUCTION** California Bank 4 Trust ADDRESS CITY STATE JEFCODE LOS Angeles CA 90071 ***Type of Committee** 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, a district number, if any, and the year of the election. List the political party with which each officeholder or candidate is affillated 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. LIST The political party with which each officeholder or candidate is affillated 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. LIST THE POPULATION OF THE MASSIE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) PRIMARILY FORMER OF MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) Primarily Formed Committee Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) NAME ON MEASUREIS FULL TITLE INICLUDE BALIOT NO. OR LETTEN) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASUREIS) JURISDICTION	INSTRUCTIONS ON REVERSE						Page 2 of 3	
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California Bank & Trust (213) 228-1700 ADDRESS CITY STATE ZIPCODE Los Angeles CA 90071 A 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, a 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHICK ONE Deirdre Frank Mayor City of Oxnard 2020 X 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) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	Deirdre Frank for Mayor of Oxnard 2020			·			430929	
California Bank & Trust (213) 228-1700 Los Angeles CA 90071 A Type of Committee Camplete 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, a 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE) Deirdre Frank Mayor City of Oxnard Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	All committees must list the financial institution where the campaign	n bank account is located.						
Los Angeles CA 90071 4. Type of Committee Los Angeles CA 90071 4. Type of Committee Los Angeles CA 90071 4. Type of 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, a 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. Primarily Formed Committee 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) CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR MELD OR MEASURE(S) JURISDICTION	NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCO	NK ACCOUNT NUMBER				
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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT CHECK OFFICE SOUGHT OR HELD YEAR OF CHECK ONE	 List the political party with which each officeholder or candidat 					ble.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Deirdre Frank Mayor City of Oxnard 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) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	It this committee acts jointly with another controlled committee					RTY		
Deirdre Frank Mayor City of Oxnard Nonpartisan Partisan (list political party below Primarily Formed Committee Primarily Formed Committee Primarily Formed Committee Primarily Formed Committee CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT						(z).	
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CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION				1	Nonpartisan	Partisan	(list political pari	ty below)
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	CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAMI	· · · •	• •			l 		CK ONE

SUPPORT

OPPOSE

Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA

				"	age 5 OI 5
COMMITTEE NAME				I.D. NUMBER	-
Deirdre Frank for Mayor of Ox	mard 2020				1430929
4. Type of Committee and a	Sontinued)				
General Purpose Committee	Not formed to support or opp CITY Committee	ose specific candidates or measu COUNTY Committee	res in a single election. Check o	only one box: ree	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY					
Sponsored Committee List a	additional sponsors on an attach	nment.			
NAME OF SPONSOR		INDUSTRY GROUP OR AFFIL	IATION OF SPONSOR		
STREET ADDRESS NO. AND STREE	TT	CITY	STATE	ZIP CODE A	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.