Statement of	Organization							Date Stamp	CAL	LIFORNIA / / /
Recipient Cor	mmittee						1967 A	eceive		FORM 4 10
Statement Type	☐ Initial Not yet qualified ☐	or	XAmendment		X Termina	tion - See Part 5		d City		For Official Use Only
	Date qualified as	s committee	2020-10-			0-12-31	2021 JA	P P	11 12: 09	
	Date qualified as c	ommittee	Date qualified as co (If amending to provid		Date of	termination				· .
1. Committee inf	formation	I.D. Number (if applicable)			2.	Treasurer and Othe	er Principa	Officers		
NAME OF COMMITTEE Yes On Measure	E! For a Safe and S	ustainable Ox	mard 2020			NAME OF TREASURER Monica Intaglietta				
STREET ADDRESS (NO F	P O BOX					Santa Barbara, CA 93	3101	STATE	ZIP CODE	AREA CODE/PHONE 805-709-0595
CITY Santa Barbara, C	STATE A 93101	ZIP CC		ODE/PHONE 05-709-0595	5	NAME OF ASSISTANT TREASI				
MAILING ADDRESS (IF D	DIFFERENT)		Santa Barba	ra, CA 9310	1	STREET ADDRESS (NO P.O B	OX)			
FAX / E-MAIL ADDRESS monica@cicsb.co	om					CITY Santa Barbara, CA 93	3101	STATE	ZIP CODE	AREA CODE/PHONE 805-448-9470
COUNTY OF DOMICILE		JURISDICTION W City of Oxna	HERE COMMTTEE IS ACT	IVE		NAME OF PRINCIPAL OFFICE Edgar Fernandez	ER(S)			
						ATREET ARREST (NO B A B	SOX)			
Attach additional	information on appro	opriately label	led continuation sh	eets		Oxnard, CA 93036		STATE	ZIP CODE	area code/phone 805-709-0595
	I reasonable diligend ury under the laws o			a place de la companya de la company	ones or acceptant and second and second and second and second as a second and second and second and second and	edge the information rect.	contained h	erein is tru	e and comple	ete. I certify under
Executed on _	1/5/21	By				ER OR ASSISTANT TREASUR ER, CANDIDATE, OR STATE M	-	DNENT		
Executed on _		By	SIGNATUR	E OF CONTROLLI	ING OFFICEHO	LDER, CANDIDATE, OR STATE N	MEASURE PROPO	DNENT		
Executed on		Ву	SIGNATUR	OF CONTROLL	NG OFFICEHOL	DER CANDIDATE OR STATE M	MEASURE PROPO	NENT		

Statement of Organization CALIFORNIA Recipient Committee Page 2 INSTRUCTIONS ON REVERSE . D. NUMBER COMMITTEE NAME 1433829 Yes On Measure E! For a Safe and Sustainable Oxnard 2020 All committees must list the financial institution where the campaign bank account is located. AREA CODE/PHONE BANK ACCOUNT NUMBER NAME OF FINANCIAL INSTITUTION 805-979-4422 Pacific Premier Bank CITY STATE ZIP CODE ADDDEGG

Santa Barbara, CA 93101

ELECTIVE OFFICE SOUGHT OR HELD

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

4. Type of Committee Complete the applicable sections.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

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."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

		Nonpartisan	
Primarily Formed Committee Primarily frmed to support or oppose spec	ific candidates or measures in a single eletion. List below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDIC (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLLICABLE)	CTION CHECK ONE	E
E Funding for Services like Oxnard 911 Safety-Medical Response,	City of Oxnard	SUPPORT OPP	POSE
		SUPPORT OPP	POSE

PARTY

Nonnartisan

YEAR OF ELECTION

Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE				Page 3
COMMITTEE NAME	Custoinable Company 2000			I. D. NUMBER 1433829
Yes On Measure E! For a Safe and	Sustainable Oxnard 2020			1433029
4. Type of Committee (C	ontinued)			
General Purpose Committee	Not formed to support or oppse specific ca	nndidates or measures in a single election. Che ☐ STATE Committee	neck only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List a	dditional sponsors on an attachment.			
NAME OF SPONSOR		INDUSTRY GROUP OF AFFILIATION OF SPONSOR		
STREET ADDRESS NO. AND STR	REET CITY	ST	ATE ZIP CODI	E
Small Contributor Committee	Date Qualified			
5. Termination Requirements	By signing the verification, the treasurer, assista	ant treasurer and/or candidate, officeholder, or propone	nt certify that all of the folio	wing conditions have been met:
 This committee has ceased to 	o receive contributions and make expenditu	res;		

- 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.

FORM	REFERENCE	NOTES
CA 410	Cover	