, , 5	6	10		V2.		
Statement of C Recipient Con		01	Date Stamp	For Official Use Only		
Statement Type	✓ Initial	Termination – See Part 5	n the office of the Secretary of the State of California			
	O Date qualification threshold met	Date of termination	SEP 02 2022	RECEIVE D		
	// /	//		1767		
1. Committee	e Information I.D. Number	2. Treasurer and (Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER				
Luis Mendez II f	for Port Hueneme City Council 2022	Thilavanh Khamseng				
		STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O.	. BOX)	ату	STATE	ZIP CODE AREA CODE/PHONE		
		Oxanrd	CA	93036		
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY			
Port Hueneme	CA 93041	NA				
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)	CITY	STATE	ZIP CODE AREA CODE/PHONE		
lm2loans@gmail	.com					
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Ventura	Port Hueneme	Luis Mendez II				
		STREET ADDRESS (NO P.O. BOX)				
Attach additional	l information on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE		
	\$7	Port Hueneme	CA	93041		
3. Verification				THE RESERVE OF THE PARTY OF THE		
I have used all re	asonable diligence in preparing this statement and to the best of	f my knowledge the informati	on contained herein is true a	nd complete. I certify under		
penalty of perjur	y under the laws of the Sta					
Executed on	/31/2022 By_					
Executed on	-31-2022 By_	IPO OPPICENOLDER, CANDIDATE, OR STREE ME	A SLIDE DRODONEMT			
Executed on	DATE BY	ING OFFICEHOLDER, CANDIDATE, OR STATE ME				
Executed on	By	AND OFFICEROLDER, CANDIDATE, OR STATE ME	ASORE PROPONENT			
	DATE SIGNATURE OF CONTROL OF	INC OFFICE HOLDED CANDIDATE OF CHARLES				

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

Statement of Organization Recipient Committee						CALIFORNIA 410		
INSTRUCTIONS ON REVERSE		Page 2						
LuisMendezII for Port Hueneme City Council 2022		I.D. NUMBER						
All committees must list the financial institution where the	campaign bank account is located.							
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE BANK ACCOUNT NUMBER							
Wells Fargo Bank								
ADDRESS	CITY	STATE	Z	P CODE				
	Oxnard	CA		93036				
4. Type of Committee Complete the applicable section	ns,							
Controlled Committee								
 List the name of each controlling officeholder, candidate, or also list the elective office sought or held, and district number 		officeholder	controlled	Ü				
List the political party with which each officeholder or candid	date is affiliated or check "nonpartisan." S	tating "No pa	arty prefer	ence" is acce	otable			
If this committee acts jointly with another controlled commit	ttee. list the name and identification numl	per of the otl	her control	led committe	e.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HEI (INCLUDE DISTRICT NUMBER IF APPLIC	.D	YEAR OF ELECTION	YEAR OF PARTY				
Luis Mendez II	Council Member		2022	Nonpartisan	Partisan	(list political party below) NA		
				Nonpartisan	Partisan	(list political party 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.

NA

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

OPPOSE

OPPOSE

SUPPORT

SUPPORT

1. Statement of Organization **CALIFORNIA** Recipient Committee FORM INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Luis Mendez II for Port Hueneme City Council 2022 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ✓ CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY NA- not qualified Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR NDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET STATE ZIP CODE AREA CODE/PHONE

Date qua

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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

Small Contributor Committee

- · 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.