

Statement of Organization Recipient Committee

Type or print in Ink.

Statement Type

Initial
Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:
801523
4/14/1980

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp CITY OF OXNARD CITY CLERK 10 JAN 29 AM 11:05	CALIFORNIA FORM 410	
	Page 1	of 4

1. Committee Information

NAME OF COMMITTEE

OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

STREET ADDRESS (NO P.O. BOX)
1212 S. VICTORY BLVD

CITY	STATE	ZIP CODE	AREA CODE / PHONE
BURBANK	CA	91502	

MAILING ADDRESS (IF DIFFERENT)

P. O. BOX 5503, OXNARD, CA 93031

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Roderick Thorp

STREET ADDRESS

P.O. Box 5503

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Oxnard	CA	93031	(805) 444-6752

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE / PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

John Abin - Co-Chair

MAILING ADDRESS

P.O. Box 5503

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Oxnard	CA	93031	(805) 444-6752

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12 31
12/31/2009 DATE

By Roderick Thorp SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE

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CALIFORNIA
FORM **410**

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NAME OF COMMITTEE

OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

STREET ADDRESS (NO P.O.BOX)

1212 S. VICTORY BLVD

CITY

BURBANK

STATE ZIP CODE

CA 91502

AREA CODE / PHONE

MAILING ADDRESS (IF DIFFERENT)

P. O. BOX 5503, OXNARD, CA 93031

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Roderick Thorp

STREET ADDRESS

P.O. Box 5503

CITY

Oxnard

STATE ZIP CODE

CA 93031

AREA CODE / PHONE

(805) 444-6752

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

Oxnard

STATE ZIP CODE

CA 93031

AREA CODE / PHONE

(805) 444-6752

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Jeff Donabedian - Co-Chair

MAILING ADDRESS

P.O. Box 5503

CITY

Oxnard

STATE ZIP CODE

CA 93031

AREA CODE / PHONE

(805) 444-6752

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/21/2009
DATEBy _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURERExecuted on _____
DATEBy _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENTExecuted on _____
DATEBy _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENTExecuted on _____
DATEBy _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 FPPC Form 410 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

801523

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

NAME OF CANDIDATE/OFFICE HOLDER/STATE MEASURE PROPONENT	EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign back account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE / PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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 (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

**CALIFORNIA
FORM 410**

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I.D. NUMBER

801523

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

4. Type of Committee (Continued)

 General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

 CITY Committee
 COUNTY Committee
 STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support and/or oppose candidates and/or ballot measures.

 Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Oxnard Firefighters Assn.

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Firefighters

STREET ADDRESS

P.O. Box 5503

CITY

Oxnard

STATE ZIP CODE

CA

93031

 Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.