

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1301515

10 / 07 / 07
Date qualified as committee
(If applicable)

Termination - See Part 5 in the

List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED AND FILED

Office of the Secretary of State
of the State of California

APR 04 2012

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

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2012 APR 16 12:53
CITY OF OXNARD
CITY CLERK

1. Committee Information

NAME OF COMMITTEE

2012 Committee to Re-elect Bryan MacDonald to Oxnard City Council

STREET ADDRESS (NO P.O. BOX)

355 South G Street

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030-5219 805.857.5236

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 1836, Oxnard, CA 93032-1836

OPTIONAL: FAX / E-MAIL ADDRESS

805.487.3820

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Each additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lorraine MacDonald

STREET ADDRESS (NO P.O. BOX)

355 South G Street

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030-5219 805.857.5236

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 04/02/2102 DATE

By Lorraine MacDonald SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/02/2012 DATE

By Bryan A MacDonald 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

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

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

2012 Committee to Re-elect Bryan MacDonald to Oxnard City Council

I.D. NUMBER

1301515

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VENTURA CO.
VENTURA, CALIF.

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/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Bryan MacDonald	Oxnard City Council	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Western Federal Credit Union	805.385.3456	3004224	
ADDRESS	CITY	STATE	ZIP CODE
305 West Third Street	Oxnard	CA	93030

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"/>