Statement of Organization
Recipient Committee

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 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Ventura

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 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

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

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 2/21/2009
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

Executed on
DATE

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE

Executed on
DATE

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPCC Form 410 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

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

CITY
BURBANK

STATE
CA

ZIP CODE
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
CA

ZIP CODE
93031

AREA CODE / PHONE
(805) 444-6752

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY
OXNARD

STATE
CA

ZIP CODE
93031

AREA CODE / PHONE
(805) 444-6752

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Jeff Donohedian - Co-Chair

MAILING ADDRESS
P.O. Box 5503

CITY
OXNARD

STATE
CA

ZIP CODE
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
DATE

By

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

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FFPC Form 410 (January/05)
FFPC Toll-Free Helpline: 800/ASK-FFPC (800/275-3772)
Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICE HOLDER/STATE MEASURE PROONENT</th>
<th>EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Non-Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Non-Partisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE / PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
</table>

ADDRESS
CITY
STATE ZIP CODE

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td>☐</td>
</tr>
</tbody>
</table>

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
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 CA
ZIP CODE 93031

Small Contributor Committee ☐ 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.

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.