

**Statement of Organization
Recipient Committee**

Type or print in ink.

Statement Type

Initial
Not yet qualified or

Amendment

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

Termination - See Part 5

List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp

CITY OF OXNARD
CITY CLERK

CALIFORNIA
FORM 410

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1. Committee Information

NAME OF COMMITTEE

OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

STREET ADDRESS (NO P.O.BOX)

249 CALLE LARIOS

CITY	STATE	ZIP CODE	AREA CODE / PHONE
CAMARILLO	CA	93010	(805) 660-1198

MAILING ADDRESS (IF DIFFERENT)

249 CALLE LARIOS, CAMARILLO. CA 93010

OPTIONAL: FAX / E-MAIL ADDRESS

johnalbin@verizon.net

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers 21

NAME OF TREASURER

John Albin

STREET ADDRESS

249 Calle Larios

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Camarillo	CA	93010	(805) 660-1198

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

Jeff Donabedian - Chair

MAILING ADDRESS

11786 E buttercreek Rd

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Moorpark	CA	93021	(805) 551-9755

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 3/16/2012
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

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INSTRUCTIONS ON REVERSE

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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"/>

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

OXNARD FIREFIGHTERS FOR BETTER GOVERNMENT

I.D. NUMBER

801523

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 LOCAL 1684

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Firefighters

STREET ADDRESS

491 South K Street

CITY

Oxnard

STATE ZIP CODE

CA 93030

 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.