Statement of Organization Recipient Committee

Statement Type
- [ ] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

List I.D. number:
# ____________  # ____________

Date qualified as committee
09/10/2014
Date qualified as committee (If applicable)

Date of Termination

NAME OF COMMITTEE
Committee for a Safe and Prosperous Oxnard supporting MacDonald for Mayor and Huber for City Council 2014, sponsored by firefighters and police officers.

STREET ADDRESS (NO P.O. BOX)
3271 W. Fifth Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard, CA 93030 (805) 469-2041

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 5503
Oxnard, CA 93031

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER
Alex Hamilton

STREET ADDRESS (NO P.O. BOX)
3271 W. Fifth Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard, CA 93030 (310) 430-4376

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Alex Hamilton, Treasurer

STREET ADDRESS (NO P.O. BOX)
3271 W. Fifth Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard, CA 93030 (310) 430-4376

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 9/10/14
By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
2a. Additional Officers

<table>
<thead>
<tr>
<th>NAME OF OTHER PRINCIPAL OFFICER(S)</th>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Donabedian, Principal Officer</td>
<td>3271 W. Fifth Street</td>
<td>Oxnard, CA</td>
<td></td>
<td>93030</td>
<td>(805) 469-2041</td>
</tr>
<tr>
<td>Chris Williams, Principal Officer</td>
<td>3271 W. Fifth Street</td>
<td>Oxnard, CA</td>
<td></td>
<td>93030</td>
<td>(805) 387-2385</td>
</tr>
</tbody>
</table>

FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC

www.netfile.com
Committee Name
Committee for a Safe and Prosperous Oxnard supporting MacDonald for Mayor and Huber for City Council 2014, sponsored by firefighters and police officer organizations

Instructions on Reverse

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Area Code/Phone</th>
<th>Bank Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabobank</td>
<td>(805) 240-1440</td>
<td>543084698</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 S. A Street</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

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 “nonpartisan.”

- 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/Officeholder/State Measure Proponent</th>
<th>Elective Office Sought or Held (Include District Number If Applicable)</th>
<th>Year of Election</th>
<th>Party</th>
</tr>
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</table>

**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>Support</th>
<th>Oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan MacDonald</td>
<td>Mayor City of Oxnard</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Steve Huber</td>
<td>City Council Member City of Oxnard</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee for a Safe and Prosperous Oxnard supporting MacDonald for Mayor and Huber for City Council 2014, sponsored by firefighters and police officer organizations

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

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR
Oxnard Firefighters Local 1684

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Labor Organization

STREET ADDRESS NO. AND STREET
3271 W. Fifth Street

CITY Oxnard

STATE CA

ZIP CODE 93030

Small Contributor Committee

☐ 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.
  -- 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.

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Committee for a Safe and Prosperous Oxnard supporting MacDonald for Mayor and Huber for City Council 2014, sponsored by firefighters and police officer organizations

<table>
<thead>
<tr>
<th>Sponsorship</th>
<th>List additional sponsors on an attachment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF SPONSOR</strong></td>
<td>Oxnard Peace Officers Association</td>
</tr>
<tr>
<td><strong>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</strong></td>
<td>Labor Organization</td>
</tr>
<tr>
<td><strong>MAILING ADDRESS</strong></td>
<td>3271 W. Fifth Street</td>
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<tr>
<td><strong>NO. AND STREET</strong></td>
<td>Oxnard CA, 93030</td>
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<tr>
<td><strong>CITY</strong></td>
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<tr>
<td><strong>STATE</strong></td>
<td></td>
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<td><strong>ZIP CODE</strong></td>
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**NAME OF SPONSOR**

**MAILING ADDRESS**

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<tr>
<th><strong>NO. AND STREET</strong></th>
<th><strong>CITY</strong></th>
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