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1371111

# Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

09/10/2014  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>SEP. 11 2014</b> Hand Delivered, Sacramento	<b>CALIFORNIA FORM 410</b> For Official Use Only <b>CITY CLERK</b> 2014 SEP 22 P 1:01
	Date Filed: _____

## 1. Committee Information

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 officer organizations**

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**

FAX / E-MAIL ADDRESS  
**alex\_hamiltonsmith@yahoo.com**

COUNTY OF DOMICILE <b>Ventura</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Oxnard</b>
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## 2. Treasurer and Other Principal Officers

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
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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]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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## 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

I.D. NUMBER

## 2a. Additional Officers

NAME OF OTHER PRINCIPAL OFFICER(S)

Jeff Donabedian, Principal Officer

MAILING ADDRESS

3271 W. Fifth Street

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard, CA 93030 (805) 469-2041

NAME OF OTHER PRINCIPAL OFFICER(S)

Chris Williams, Principal Officer

MAILING ADDRESS

3271 W. Fifth Street

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard, CA 93030 (805) 387-2385

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF OTHER PRINCIPAL OFFICER(S)

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NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

**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

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE (805) 240-1440	BANK ACCOUNT NUMBER 543084698
ADDRESS 155 S. A Street	CITY Oxnard	STATE CA
		ZIP CODE 93030

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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
Bryan MacDonald	Mayor City of Oxnard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steve Huber	City Council Member City of Oxnard	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME

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

I.D. NUMBER

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

CITY

STATE

ZIP CODE

3271 W. Fifth Street

Oxnard

CA

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.

**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

I.D. NUMBER

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR Oxnard Peace Officers Association	INDUSTRY GROUP OR AFFILIATION OF SPONSOR Labor Organization
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MAILING ADDRESS 3271 W. Fifth Street	NO. AND STREET	CITY Oxnard	STATE CA,	ZIP CODE 93030
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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