

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1301130

09/11/2007

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

# 1301130

01/25/2013

Date of Termination

Date Stamp OXNARD CITY CLERK Postmarked 1-31-2013 <i>lp</i>	<b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
**CITIZENS FOR A SAFE & PROSPEROUS OXNARD, INCLUDING SMALL BUSINESSES,  
 PUBLIC SAFETY OFFICIALS, LANDOWNERS AND TAXPAYERS**

STREET ADDRESS (NO P.O. BOX)  
1237 S. VICTORIA, #509

CITY <u>OXNARD, CA</u>	STATE <u>93035</u>	ZIP CODE <u>93035</u>	AREA CODE/PHONE <u>(213) 624-6200</u>
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MAILING ADDRESS (IF DIFFERENT)  
3699 WILSHIRE BLVD., #1290  
 LOS ANGELES, CA 90010

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE <u>VENTURA</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
DANA W. REED

STREET ADDRESS (NO P.O. BOX)  
3699 WILSHIRE BLVD., #1290

CITY <u>LOS ANGELES, CA</u>	STATE <u>90010</u>	ZIP CODE <u>90010</u>	AREA CODE/PHONE <u>(213) 624-6200</u>
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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)  
TOM CADY

STREET ADDRESS (NO P.O. BOX)  
3844 W. CHANNEL ISLANDS #515

CITY <u>OXNARD, CA</u>	STATE <u>93035</u>	ZIP CODE <u>93035</u>	AREA CODE/PHONE <u>(805) 983-6118</u>
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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	<u>01/25/2013</u>	By	<u>[Signature]</u>
	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

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

2 of 4

COMMITTEE NAME

CITIZENS FOR A SAFE & PROSPEROUS OXNARD, INCLUDING SMALL BUSINESSES, PUBLIC SAFETY OFFICIALS, LANDOWNERS AND TAXPAYERS

I.D. NUMBER

1301130

**2a. Additional Officers**

NAME OF OTHER PRINCIPAL OFFICER(S)

PENNY BOEHM

MAILING ADDRESS

1237 S. VICTORIA #509

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OXNARD, CA 93035

(805) 983-6118

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

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MAILING ADDRESS

CITY

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CITIZENS FOR A SAFE & PROSPEROUS OXNARD, INCLUDING SMALL BUSINESSES, PUBLIC SAFETY OFFICIALS, LANDOWNERS AND TAXPAYERS

I.D. NUMBER

1301130

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

NAME OF FINANCIAL INSTITUTION CALIFORNIA BANK & TRUST	AREA CODE/PHONE (213) 228-1728	BANK ACCOUNT NUMBER 3240287651
ADDRESS 550 SOUTH HOPE ST., STE. 100	CITY LOS ANGELES	STATE CA
		ZIP CODE 90071

**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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
CITIZENS FOR A SAFE & PROSPEROUS OXNARD, INCLUDING SMALL BUSINESSES, PUBLIC SAFETY OFFICIALS, LANDOWNERS AND TAXPAYERS  
4. Type of Committee (Continued)

I.D. NUMBER  
1301130

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/OPOSE CANDIDATES AND BALLOT MEASURES

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.