

1366281

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### Statement of Organization Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5

Not yet qualified  or List I.D. number: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee Date qualified as committee Date of Termination  
(if applicable)

Date Stamp

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

APR 24 2014 2014 MAY -7 P 12:42

**DEBRA BOWEN**  
Secretary of State

**CALIFORNIA FORM 410**  
For Official Use Only

### 1. Committee Information

NAME OF COMMITTEE  
**MacDonald for Mayor - Oxnard 2014**

STREET ADDRESS (NO P.O. BOX)  
**355 South G Street**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	(805)857-5236

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
**Fax: (805) 487-3820 Email: MacDonald4Mayor@gmail.com**

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Oxnard

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
**Lorraine MacDonald**

STREET ADDRESS (NO P.O. BOX)  
**355 South G Street**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	(805)857-5236

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)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 04/23/2014 By Lorraine MacDonald  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/23/2014 By [Signature]  
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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I.D. NUMBER

COMMITTEE NAME

MacDonald for Mayor - Oxnard 2014

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

NAME OF FINANCIAL INSTITUTION Western Federal Credit Union	AREA CODE/PHONE (877)254-9328	BANK ACCOUNT NUMBER 3030003402879
ADDRESS 305 West Third Street	CITY Oxnard	STATE ZIP CODE CA 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
Bryan MacDonald	Mayor of Oxnard	2014	<input checked="" 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"/>