Statement of Organization
Recipient Committee

Statement Type  
☐ Initial  ☐ Not yet qualified  ☑ or  ☐ Amendment
List I.D. number:  
# 1385268

Date qualified as committee  
04/27/2016

Date qualified as committee (if applicable)

☐ Termination – See Part 5
List I.D. number:  
#

Date of Termination

1. Committee Information
NAME OF COMMITTEE
Re-Elect MacDonald Oxnard City Council -- 2016

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

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

STREET ADDRESS (IF DIFFERENT)

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Bryan 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 (IF DIFFERENT)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (IF DIFFERENT)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

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 5/3/2016  
By  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/3/2016  
By  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on  
By  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on  
By  
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Re-Elect MacDonald Oxnard City Council – 2016

I.O. NUMBER
1385268

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

NAME OF FINANCIAL INSTITUTION
Unify Financial Credit Union

AREA CODE/PHONE
(877)254-9328

BANK ACCOUNT NUMBER
30200043402879

ADDRESS
305 West Third 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.

<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>
</thead>
<tbody>
<tr>
<td>Bryan MacDonald</td>
<td>Oxnard City Council</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</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>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMPANY NAME
Re-Elect MacDonald Oxnard City Council -- 2016

4. Type of Committee

<table>
<thead>
<tr>
<th>General Purpose Committee</th>
<th>Not formed to support or oppose specific candidates or measures in a single election. Check only one box:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee</td>
</tr>
</tbody>
</table>

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

<table>
<thead>
<tr>
<th>Sponsored Committee</th>
<th>List additional sponsors on an attachment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF SPONSOR</td>
<td>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

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.