

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # _____
 _____/_____/_____ # 1385268
 Date qualified as committee Date qualified as committee (If applicable) 12/31/2016
 Date of Termination

Date Stamp Received Oxnard City Cl 2017 JAN 17 AM 10:39	CALIFORNIA FORM 410 For Official Use Only
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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

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	City of Oxnard

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 (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 1/16/17 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/16/17 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