Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

List I.D. number:
# 1385268

Date qualified as committee:
12/31/2016

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
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805)857-5236

NAME OF TREASURER
Bryan MacDonald

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

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805)857-5236

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICERS

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 11/19/15
By [Signature]

Executed on 11/19/15
By [Signature]

Executed on [Date]
By [Signature]

Executed on [Date]
By [Signature]

FPPC Form 410 (Jan/2016)
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