Statement of Organization
Recipient Committee

Committee to Elect Al Jones Oxnard City Treasurer 2016

1. Committee Information
NAME OF COMMITTEE
Committee to Elect Al Jones Oxnard City Treasurer 2016

STREET ADDRESS (NO P.O. BOX)
5218 Moonstone Wy

CITY Oxnard
STATE CA
ZIP CODE 93035
AREA CODE/PHONE (805)607-9688

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Al Jones

STREET ADDRESS (NO P.O. BOX)
5218 Moonstone Wy

CITY Oxnard
STATE CA
ZIP CODE 93035
AREA CODE/PHONE (805)607-9688

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 12/19/2016
By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/19/2016
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
Recipent Committee

**Committee Name:** Committee to Elect Al Jones Oxnard City Treasurer 2016

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Western Bank</td>
<td>(805)485-6682</td>
<td>REDACTED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 Esplanade Dr Ste 102</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

### 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 PROONENT</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>Al Jones</td>
<td>Oxnard City Treasurer</td>
<td>2016</td>
<td>Democrat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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 MEASURES(J) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Committee to Elect Al Jones Oxnard City Treasurer 2016

4. Type of Committee (Continued)

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  [x] STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

- [ ] Sponsored Committee: List additional sponsors on an attachment.

NAME OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

- [ ] Small Contributor Committee

5. Termination Requirements: By signing the verification, the treasurer, assistant treasurer (if any) or candidate, officer/holder, or campaign treasurer 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.