Statement of Organization Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   Oxnard Firefighters Local 1684 PAC

   STREET ADDRESS (NO P.O. BOX)
   1743 CERVATO DR

   CITY STATE ZIP CODE AREA CODE / PHONE
   CAMARILLO CA 93012 (805) 660-1198

   MAILING ADDRESS (IF DIFFERENT)
   1743 CERVATO DR, CAMARILLO, CA 93012

   OPTIONAL: FAX/E-MAIL ADDRESS
   johnalbin@verizon.net

   COUNTY OF DOMICILE
   Ventura

   JURISDICTION WHERE COMMITTEE IS ACTIVE

   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   John Albin

   STREET ADDRESS
   1743 CERVATO DR

   CITY STATE ZIP CODE AREA CODE / PHONE
   CAMARILLO CA 93012 (805) 660-1198

   NAME OF ASSISTANT TREASURER, IF ANY

   STREET ADDRESS

   CITY STATE ZIP CODE AREA CODE / PHONE

   NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
   Jeff Donabedian – Chair

   MAILING ADDRESS
   12412 Willow Hill Dr.

   CITY STATE ZIP CODE AREA CODE / PHONE
   Moorpark CA 93021 (805) 298-0049

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 1/13/2017 DATE

   By

   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on DATE

   By

   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

   Executed on DATE

   By

   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

   Executed on DATE

   By

   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Dec/2012)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Oxnard Firefighters Local 1684 PAC

- 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>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</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 "non-partisan".
- 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/OFFICE HOLDER/STATE MEASURE PROONENT</th>
<th>EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Non-Partisan</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>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

FPPC Form 410 (Dec/2012)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
OXNARD FIREFIGHTERS LOCAL 1684 PAC

4. Type of Committee (Continued)

<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>CITY Committee</td>
<td>☐</td>
</tr>
<tr>
<td>COUNTY Committee</td>
<td>☐</td>
</tr>
<tr>
<td>STATE Committee</td>
<td>☑</td>
</tr>
</tbody>
</table>

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
To support and/or oppose candidates and/or ballot measures.

<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>OXNARD FIREFIGHTERS LOCAL 1684</td>
</tr>
<tr>
<td>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</td>
<td>Firefighters</td>
</tr>
</tbody>
</table>

STREET ADDRESS
491 South K Street

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Small Contributor Committee</th>
<th>Date qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.