

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination -- See Part 5  
 Not yet qualified or  Date qualified as committee 1 / 1 / 1996  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of termination

Received Date Stamp  
 Oxnard City Clerk  
 2018 JAN 25 PM 4:20

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 96-1270 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 OXNARD CHAMBER OF COMMERCE - PAC

STREET ADDRESS (NO P.O. BOX)  
 400 E ESPLANADE DR #302

CITY STATE ZIP CODE AREA CODE/PHONE  
 OXNARD CA 93036 805-983-6118

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 INFO@OXNARDCHAMBER.ORG

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 VENTURA CITY OF OXNARD

NAME OF TREASURER  
 AMY L FONZO

STREET ADDRESS (NO P.O. BOX)  
 400 E ESPLANADE DR #302

CITY STATE ZIP CODE AREA CODE/PHONE  
 OXNARD CA 93036 805-983-6118

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
 STACY MILLER

STREET ADDRESS (NO P.O. BOX)  
 400 E ESPLANADE DR #302

CITY STATE ZIP CODE AREA CODE/PHONE  
 OXNARD CA 93036 805-983-6118

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 JANUARY 25, 2018 By Amy L. Fonzo  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

OXNARD CHAMBER OF COMMERCE - PAC

I.D. NUMBER

96-1270

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

NAME OF FINANCIAL INSTITUTION CITIZENS BUSINESS BANK	AREA CODE/PHONE 805-485-7600	BANK ACCOUNT NUMBER Redacted
ADDRESS 2400 E GONZALES ROAD	CITY OXNARD	STATE CA
		ZIP CODE 93036

**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." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Clear Page

Print

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

**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**    **STATE Committee**    **Political Party/Central Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**SUPPORT CANDIDATES FOR LOCAL OFFICE AND FUND CAMPAIGNS FOR LOCAL MEASURES**

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

OXNARD CHAMBER OF COMMERCE

BUSINESS ORGANIZATION

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

400 E ESPLANADE DR #302

OXNARD

CA

93036

805-983-6118

**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.

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