Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE: OXNARD CHAMBER OF COMMERCE - PAC
   STREET ADDRESS (NO P.O. BOX): 400 E ESPLANADE DR #302
   CITY: OXNARD
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: 805-983-6118
   Mailing Address (if different):
   E-MAIL ADDRESS (required) / FAX (optional): INFO@OXNARDCHAMBER.ORG
   COUNTY OF DOMICILE: VENTURA

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: AMY L FONZO
   STREET ADDRESS (NO P.O. BOX): 400 E ESPLANADE DR #302
   CITY: OXNARD
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: 805-983-6118
   NAME OF ASSISTANT TREASURER, IF ANY:
   STREET ADDRESS (NO P.O. BOX):
   CITY: OXNARD
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: 805-983-6118
   NAME OF PRINCIPAL OFFICER(S): STACY MILLER
   STREET ADDRESS (NO P.O. BOX): 400 E ESPLANADE DR #302
   CITY: OXNARD
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: 805-983-6118

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
   DATE: By AMY L FONZO

   Executed on:
   DATE:
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on:
   DATE:
   SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

   Executed on:
   DATE:
   SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

   Executed on:
   DATE:
   SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
OXNARD CHAMBER OF COMMERCE - PAC

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- 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>CITIZENS BUSINESS BANK</td>
<td>805-485-7600</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>2400 E GONZALES ROAD</td>
<td>OXNARD</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

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### 4. Type of Committee

- Complete the applicable sections.

<table>
<thead>
<tr>
<th>Controlled Committee</th>
</tr>
</thead>
</table>

- 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.

<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></td>
<td></td>
<td></td>
<td>Nonpartisan</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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</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></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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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
OXNARD CHAMBER OF COMMERCE
INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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.