Statement of (•			Ovr	Recebasia and City	l. Clerk		ORNIA 410		
Recipient Con								RM TIU		
Statement Type	☐ Initial	Amendment	Termin	ation – See Part 5	JAN 25 PM	n. 20		For Official Use Only		
	O Not yet qualified	4 4 4000		2018	JAN ZJ FN	4. 20				
	or O Date qualified as com	mittee 1 / 1 / 1996 Date qualified as committee		termination						
	MINISTER STATES CONTROL OF CONTROL OF CONTROL CONTROL OF CONTROL O	Date qualified as committee	ee Date of	terrimation .						
1. Committee Ir		Number applicable) 96-1270		2. Treasurer and	Other Principa	ıl Office	rs .			
NAME OF COMMITTEE			- W	NAME OF TREASURER						
OXNARD CHAME	BER OF COMMERCE	- PAC		AMY L FONZO						
				STREET ADDRESS (NO P.O. BOX)						
				400 E ESPLANADE	E DR #302					
STREET ADDRESS (NO P.C	D. BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE		
400 E ESPLANAI	DE DR #302			OXNARD		CA	93036	805-983-6118		
CITY	STATE	ZIP CODE AREA CODI	E/PHONE	NAME OF ASSISTANT TREASURER,	, IF ANY					
OXNARD	CA	93036 805-983-	6118							
MAILING ADDRESS (IF DI	FFERENT)		neg-maneral mangarana kentangan salah dan	STREET ADDRESS (NO P.O. BOX)						
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE		
INFO@OXNARD	CHAMBER.ORG									
COUNTY OF DOMICILE	JURISDICTIC	N WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)						
VENTURA CITY OF OXNARD			STACY MILLER							
CONTRACTOR AND			argus erfortigos del considerante del vivor con un contributo del vivo	STREET ADDRESS (NO P.O. BOX)	acijas pravijasnini (1904. g. 1904. g. 1904. g. 1904. Sipijanski ki spoličanski, Skings skojest pripariju pripa		in Tapalis (dental pris) piller i graj di meninda kini a tarre (d. como timbro ada la sa			
				400 E ESPLANADE	E DR #302					
Attach additional information on appropriately labeled continuation sheets.			etc	CITY		STATE	ZIP CODE	AREA CODE/PHONE		
			c.c.	OXNARD		CA	93036	805-983-6118		
3. Verification										
I have used all re		reparing this statement and to			ion contained he	rein is tru	e and comple	te. I certify under		
penalty of perju	ry under the laws of the	· State of Califørnia that the for	egoing is true a	nd correct.						
Executed on JAN	IUARY 25, 2018 💢	w (Much K. S	JOHNO -							
enclineaseeman	DATE	The content in the content is a content of the cont	SIGNATURE OF	TREASURER OR ASSISTANT TREASUR	ER	Note the Address of the State o				
Executed on	DATE	Ву								
	DATE	SIGNATUR	RE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE IV	MEASURE PROPONENT					
Executed on	DATE	SIGNATUR	RE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE IV	MEASURE PROPONENT					
Executed on	F	SV .		and any an arrange of the tr	· · · · · · · · · · · · · · · · · · ·					
LACCULCU UII	DATE		RE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	- Without with the second second				

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www.fppc.ca.gov

Statement of Organization Recipient Committee						CALIFOI FORI		10
INSTRUCTIONS ON REVERSE						Page 2		
OXNARD CHAMBER OF COMMERCE - PAC		and definition of the control of the	nerwego engana konferencia parameta parameta parameta parameta parameta parameta parameta parameta parameta pa		достинува и пред той Моней очет от стато у стато от очет от стато от стато от стато от стато от стато от стато	1.D. NUMBER 96-1270		
 All committees must list the financial institution where the campaign ba 	ank account is lo	cated.						
NAME OF FINANCIAL INSTITUTION	AREA CODE/PH	AREA CODE/PHONE BANK ACCO		UNT NUMBER				
CITIZENS BUSINESS BANK	805-485-7	7600	Redact	Redacted				
ADDRESS	СІТҮ	telepinen teretilikki teleke omre konstructur antakkontuuraat kunturat eta omagona keit tiitupus.	STATE	Z	IP CODE			
2400 E GONZALES ROAD	OXNARD		CA	9	3036			
4. Type of Committee Complete the applicable sections.								
Controlled Committee								
 List the name of each controlling officeholder, candidate, or state in district number, if any, and the year of the election. List the political party with which each officeholder or candidate is 	affiliated or cl	neck "nonpartisan." Stat	ing "No par	rty preferei	nce" is accepta		ought or he	eld, and
 If this committee acts jointly with another controlled committee, li 				er controlle YEAR OF	d committee.	DADTV		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			ELECTION	CHEC	PARTY ONE		
					Nonpartisan	Partisan (list p	oolitical party l	elow)
					Nonpartisan	Partisan (list p	oolitical party b	elow)
Primarily Formed Committee Primarily formed to support or operations of the committee of t		andidates or measures ir	_			ı	reproducency composition and an experimental device produced and a	Television and a felicinal activities are several and a felicinal activities are several activities and activities are several activities activities are several activities activitie
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	Mildelik kind da produktion kind og skind og sk	(INCLUDE DISTR					CHECK	MANAGEMENT OF THE PROPERTY OF
							SUPPORT	OPPOSE
							SUPPORT	OPPOSE

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

****	***************************************
COMMITTEE	NAME

CALIFORNIA 410

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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					Mariantes			
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				Minimiento			
OXNARD CHAMBER OF COMMERCE	BUSINESS ORGANIZATION							
STREET ADDRESS NO. AND STREET CITY		STATE	ZIP CODE	AREA CODE/PHONE	etti tili kalenderine			
400 E ESPLANADE DR #302 OXNARD)	CA	93036	805-983-6118				
Small Contributor Committee								

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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