

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified or

_____ Date qualified as committee

Type or print in ink.

Amendment

List I.D. number: 801523
4/14/1980
Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number: _____

Date of Termination

Date Stamp
Received
Oxnard City Clerk
2019 JUL 29 AM 9:51

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1. Committee Information

NAME OF COMMITTEE
Oxnard Firefighters Local 1684 PAC

STREET ADDRESS (NO P.O.BOX)
426 Spring Oak Rd., Unit 1612

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Camarillo	CA	93010	(805) 660-1198

MAILING ADDRESS (IF DIFFERENT)
426 Spring Oak Rd., Unit 1612, CAMARILLO. CA 93010

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John Albin

STREET ADDRESS
426 Spring Oak Rd., Unit 1612

CITY	STATE	ZIP CODE	AREA CODE / PHONE
Camarillo	CA	93010	(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 7/23/2019
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

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COMMITTEE NAME

I.D. NUMBER

Oxnard Firefighters Local 1684 PAC

801523

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

NAME OF FINANCIAL INSTITUTION RABOBANK N.A.	AREA CODE / PHONE (800) 942-6222	BANK ACCOUNT NUMBER Redacted
ADDRESS 300 ESPLANADE DR., SUITE 101	CITY OXNARD	STATE ZIP CODE CA 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 "non-partisan".
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICE HOLDER/STATE MEASURE PROPONENT	EFFECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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STATEMENT OF ORGANIZATION

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Oxnard Firefighters Local 1684 PAC

I.D. NUMBER

801523

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support and/or oppose candidates and/or ballot measures.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

OXNARD FIREFIGHTERS LOCAL 1684

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Firefighters

STREET ADDRESS

491 South K Street

CITY

Oxnard

STATE

CA

ZIP CODE

93030

Small Contributor Committee

Date qualified

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.