Statement of Organization
Recipient Committee

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

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

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

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

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

COUNTY OF DOMICILE
Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE

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

STREET ADDRESS
426 Spring Oak Rd., Unit 1612

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STREET ADDRESS
12412 Willow Hill Dr.

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Jeff Donahedian - Chair

MAILING ADDRESS

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 7/23/2019
DATE

By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOINTER

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOINTER

Executed on
DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOINTER

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>
<tbody>
<tr>
<td>Rabobank N.A.</td>
<td>(800) 942-6222</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>300 ESPLANADE DR., SUITE 101</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</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></td>
</tr>
<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></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITEE NAME
Oxnard Firefighters Local 1684 PAC

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.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard Firefighters Local 1684</td>
<td>Firefighters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>491 South K Street</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**

- [ ] 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.