Statement of Organization
Recipient Committee

Type or print in ink.

☐ Initial
☐ Amendment
☐ Termination - See Part 5

Date qualified as committee
List I.D. number:
# 801353
4/24/1980

Date qualified as committee
(Exempt)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Oxnard Firefighters Local 1684 PAC

STREET ADDRESS (NO P.O.BOX)
2236 Stacy Ln

CITY
CAMARILLO
STATE
CA
ZIP CODE
93012
AREA CODE / PHONE
(805) 660-1198

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John Albin

STREET ADDRESS
2236 Stacy Ln.

CITY
CAMARILLO
STATE
CA
ZIP CODE
93012
AREA CODE / PHONE
(805) 660-1198

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

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
Moorpark
STATE
CA
ZIP CODE
93021
AREA CODE / PHONE
(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 1/16/2020
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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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.

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
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 “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>
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<td>□ Non-Partisan</td>
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<tr>
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<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>
</tbody>
</table>
Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE 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.

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
92030

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.

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officerholder, 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.

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