Statement of Organization
Recipient Committee

Statement Type

☐ Initial
  ○ Not yet qualified
    or
  ○ Date qualification threshold met
  ___/___/___

☑ Amendment
  Date qualification threshold met
  ___/___/___

☐ Termination – See Part 5
  Date of termination
  ___/___/___

Date Stamp
Oxnard City Clerk
2021 MAY -6 PM 5: 07

For Official Use Only

1. Committee Information   I.D. Number 96-1270
(if applicable)

NAME OF COMMITTEE

OXNARD CHAMBER OF COMMERCE PAC

STREET ADDRESS (NO P.O. BOX)			

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OXNARD	CA	93036	805-983-6118

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
N.LINDHOLM@OXNARDCHAMBER.ORG

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

ANDREW KIEFER

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OXNARD	CA	93036	805-983-6118

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
F STEVEN BUENGER

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
OXNARD	CA	93036	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   and correct.

Executed on **MAY 4, 2021**   By _____
      DATE   OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
      DATE   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
      DATE   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
      DATE   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
OXNARD CHAMBER OF COMMERCE PAC	96-1270

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
CITIZENS BUSINESS BANK	805-485-7600	

ADDRESS	CITY	STATE	ZIP CODE
	OXNARD	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 "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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

I.D. NUMBER

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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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee   List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
OXNARD CHAMBER OF COMMERCE	BUSINESS ORGANIZATION			

STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	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 ponent 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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