

# 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 2020 JAN 23 AM 9:01	<b>CALIFORNIA FORM 410</b>
Page 1 of 3	

### 1. Committee Information

NAME OF COMMITTEE  
 OXNARD FIREFIGHTERS LOCAL 1684 PAC

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

CITY	STATE	ZIP CODE	AREA CODE / PHONE
CAMARILLO	CA	93012	(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	STATE	ZIP CODE	AREA CODE / PHONE
Camarillo	CA	93012	(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 1/16/2020  
 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

# Statement of Organization Recipient Committee

**CALIFORNIA  
FORM 410**
Page 2 of 3

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

OXNARD FIREFIGHTERS LOCAL 1684 PAC

I.D. NUMBER

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"/>

# Statement of Organization Recipient Committee

**CALIFORNIA  
FORM 410**

Page 3 of 3

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 ZIP CODE

CA 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.