Statement or o			Receiv	0d	Date 3	tamp		ORNIA 111
Recipient Con Statement Type	nmittee Initial	Amendment		mination – See Part 5 ⁿ	the office of the Sec	retary of Sta	ED FO	For Official Use Only
	O Not yet qualified or O Date qualified as committed		20196JAN -2 f	M 12: 18 //_ of termination	of the State of C. DEC 182			
1. Committee Ir		umber _{licable)} 96-1270		2. Treasurer a	nd Other Princip	al Office	rs	
NAME OF COMMITTEE OXNARD CHAME	BER OF COMMERCE - I	PAC		NAME OF TREASURER AMY L FONZO STREET ADDRESS (NO P.O. BO 400 E ESPLANA	•			
STREET ADDRESS (NO P.O	D. BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
400 E ESPLANAI	DE DR #302			OXNARD		CA	93036	805-983-6118
CITY	STATE	ZIP CODE A	AREA CODE/PHONE	NAME OF ASSISTANT TREAS	URER, IF ANY			
OXNARD	CA	93036 805	5-983-6118					
MAILING ADDRESS (IF DI	FFERENT)	ptide de la la comita de la comi		STREET ADDRESS (NO P.O. BO	OX)		activities de characteristic de la proprieta de la companya de la companya de la companya de la companya de la -	
E-MAIL ADDRESS (REQUII	RED) / FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WI	HERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICE	:R(S)			
45000000000000000000000000000000000000	and the second s	And in the Property of the Control o	opacumotopouramonariamon acculturen a centralolem pode de distiblemb	STREET ADDRESS (NO P.O. BO	OX)		y apparage y progressive as a conscious gly and a conscious and an advantable with a 44-46-44-46.	
Attach additional	information on appropriate	ly labeled continuation	on sheets.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification								
penalty of perjui	easonable diligence in prep ry under the laws of the Sta CEMBER 13, 2017 By		he foregoing is tru	e and correct.		erein is tru	e and complet	e. I certify under
Executed on	DATE By		l	E OF TREASURER OR ASSISTANT TRE.		elleria kraili i kalanza posana an populare a	можутынальную производного принаграмент	
Executed on	Bv			OFFICEHOLDER, CANDIDATE, OR STA				
	DATE		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT			
Executed on	DATE		SIGNATURE OF CONTROLLING	G OFFICEHOLDER, CANDIDATE, OR ST	TATE MEASURE PROPONENT	hip ikki selik isa angamana angap panagap		

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Statement of Organization Recipient Committee						CALIFOI FORI		.10
NSTRUCTIONS ON REVERSE						Page 2		
OXNARD CHAMBER OF COMMERCE - PAC						1.D. NUMBER 96-1270		
All committees must list the financial institution where the campaign bar	nk accour	nt is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOUNT NUMBER			essionalmetainessionerijas varionessionele neuvelege evolgiselelistististis	and kanada shiring a mara kanada shiring a mada sh	gegynnysfolywerhou by Call of Gellen (ng 2 gen 200 pear centegr
ADDRESS	CITY		STATE	Z	P CODE	<u>operandok septem goʻrne qoʻrnek in inde</u> popula film da qoʻrda		<u>genggangkan panila 2004 pina 1880 pina 189</u>
Controlled Committee List the name of each controlling officeholder, candidate, or state medistrict number, if any, and the year of the election. List the political party with which each officeholder or candidate is of this committee acts jointly with another controlled committee, list NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	affiliated	l or check "nonpartisan." Statinį	g "No part f the other	y preferer	nce" is accepta d committee.	ble. Party Cone		
	ekenyakanyaksinepiocannyo-canaksini			inneg special gift and state at the distribution of gradient parts.	Nonpartisan Nonpartisan	Partisan (list p		
Primarily Formed Committee Primarily formed to support or opp	ose spec	ific candidates or measures in a	single ele	ction. List	: below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTEF IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	R)	CANDIDATE(S) OFFICE SO (INCLUDE DISTRICT				1	CHECK	ONE
9			program sing photos (sing finish sind sind sind sind an apticle side sind sind side side side side side side side sid		agyyvvirpimapatinggyyviryjänipviajapateettisvironisronisronisrokestiv		SUPPORT	OPPOSE
			control of the second				SUPPORT	OPPOSE

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Statement of Organizati Recipient Committee	on						CALIFORNIA 410
NECIPIEIL COMMITTEE NSTRUCTIONS ON REVERSE							
COMMITTEE NAME	entitionalisti kilikalisti kaninisti kina on oo			aaraan joo ka ah ka			Page 3 I.D. NUMBER
OXNARD CHAMBER OF COM	IMERCE - PAC						96-1270
4. Type of Committee (C	ontinued)						
General Purpose Committee	Not formed to support or oppose CITY Committee COUN						
ROVIDE BRIEF DESCRIPTION OF ACTIVITY			·				
Sponsored Committee List a	dditional sponsors on an attachm	ent.					
AME OF SPONSOR	CONTRACTOR AND A STATE OF THE CONTRACTOR AND		INDUSTRY GROUP OR AFFILM	ATION OF SPONSOR		nn de anticontrol de estado estad Control de estado e	
TREET ADDRESS NO. AND STREE		CITY		nguyung kalunya na un kanada na digu kalung sa manada da a da d	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	1 1 1996 Date qualified						
i. Termination Requirement	- y cun anticementa a provincia de contrator en prator de enfortable de contrator de la citat de la contrator de contrator de la contrator del contrator de la contrator del la contrator de l	COST - INCOMENDATION OF THE COST OF THE CO	enematical designation of the second of the	idate, officeholder, or pro	ponent certify	that all of the foll	owing conditions have been met:
	o receive contributions and make						
	icipate receiving contributions or	_	ŕ				
	ed or has no intention or ability to	o discharg	ge all debts, loans rece	eived, and other obli	gations;		
 This committee has no surple 	us funds; and						
 This committee has filed all of 	ampaign statements required by	the Politi	cal Reform Act disclos	ing all reportable tra	insactions.		
There are restrictions on to Code Section 89519.	the disposition of surplus campaig	gn funds l	held by elected officer	s who are leaving of	fice and by	defeated cand	lidates. Refer to Government
	easure committees may be used i Section 18680 and FPPC Regulation			rnmental purposes u	ınder Govei	nment Code S	Sections 89511 - 89518, and are
	Clear Pag	e	Print			FPPC Advice	FPPC Form 410 (October/2017) : advice@fppc.ca.gov (866/275-3772)

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