

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee 05 / 25 / 2108 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee Date of termination

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**JUN 04 2018**

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information** I.D. Number (if applicable) 1404732 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 Friedman for Ventura City Council District 5, 2018

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_ 805-407-8890

MAILING ADDRESS (IF DIFFERENT)  
 \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 jimfriedmanventura@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Ventura City of Ventura

NAME OF TREASURER  
 Sherry Lyons

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_ 805-813-0829

NAME OF ASSISTANT TREASURER, IF ANY  
 Jim Friedman

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_ 805-407-8890

NAME OF PRINCIPAL OFFICER(S)  
 \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

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 information provided is true and correct.

Executed on May 29, 2018 By \_\_\_\_\_  
 DATE

Executed on May 29, 2018 By \_\_\_\_\_  
 DATE 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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Friedman for Ventura City Council District 5, 2018	I.D. NUMBER 1404732
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of the Sierra	AREA CODE/PHONE 805-642-9955	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
		ZIP CODE [REDACTED]

**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	CHECK ONE		PARTY: (list political party below)
			Nonpartisan	Partisan	
Jim Friedman	Ventura City Council District 5	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>