

Statement of Organization  
Recipient Committee

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1407067

Statement Type  Initial  
 Not yet qualified  
or  
 Date qualified as committee \_\_\_\_\_  
Date qualified as committee \_\_\_\_\_  
Date of termination \_\_\_\_\_

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

JUN 27 2018

CALIFORNIA FORM 410

For Official Use Only

R/A

1. Committee Information

I.D. Number  
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Noren for Ventura City Council, District #4, 2018

NAME OF TREASURER

Peter Marcus

STREET ADDRESS (NO P.O. BOX)

[Redacted]

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

[Redacted]

CITY

[Redacted]

AREA CODE/PHONE

(805) 901-3781

CITY

AREA CODE/PHONE

(805) 320-8758

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

spencer@yosocialmedia.com

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

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 foregoing is true and correct.

Executed on

6/14/18

By

[Redacted Signature]

Executed on

06/12/2018

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SAN BUENA VENTURA  
CITY CLERK  
18 JUN -5 PM 01

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME  
Noren for Ventura City Council, District #4, 2018

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

NAME OF FINANCIAL INSTITUTION <u>Citizens Business Bank</u>	AREA CODE/PHONE <u>805 477 7600</u>	BA
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ADDRESS  
[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	
<u>Spencer Noren</u>	<u>City Council Ventura district #4</u>	<u>2018</u>	<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"/>

**Statement of Organization  
Recipient Committee**

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I.D. NUMBER

COMMITTEE NAME

*Noven for Ventura City Council, District #4, 2018*

**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    Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**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.
  - 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.

**Clear Page**

**Print**