

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 03/07/1995 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee Date of termination

Date Stamp <b>SAN BUENA VENTURA CITY CLERK</b>	<b>CALIFORNIA FORM 410</b>
18 JUL 23 P1:55	For Official Use Only

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**I.D. Number** (if applicable) 94-3809

NAME OF COMMITTEE  
VENTURA CITY FIREFIGHTERS FOR A BETTER COMMUNITY

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED] (805)257-2538

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
TREVORLBURCH@YAHOO.COM

COUNTY OF DOMICILE VENTURA	JURISDICTION WHERE COMMITTEE IS ACTIVE CALIFORNIA
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NAME OF TREASURER  
TREVOR BURCH

STREET ADDRESS (NO P.O. BOX)  
SAME AS COMMITTEE

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/23/18 By [REDACTED] TREASURER  
DATE

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