

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee 7 / 31 / 2018  
 Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_

SAN BUENA VENTURA CITY CLERK	CALIFORNIA FORM <b>410</b>
18 AUG -8 P4:50	For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i>	<b>2. Treasurer and Other Principal Officers</b>
NAME OF COMMITTEE Marostica for Ventura City Council, District 4		NAME OF TREASURER Mike Marostica Sr.
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY [REDACTED]	STATE [REDACTED]	CITY [REDACTED]
ZIP CODE [REDACTED]	AREA CODE/PHONE 805-798-3866	STATE [REDACTED]
MAILING ADDRESS (IF DIFFERENT) [REDACTED]		ZIP CODE [REDACTED]
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) oxpd120@gmail.com		AREA CODE/PHONE 805-701-9805
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]
[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]
[REDACTED]		CITY [REDACTED]
[REDACTED]		STATE [REDACTED]
[REDACTED]		ZIP CODE [REDACTED]
[REDACTED]		AREA CODE/PHONE [REDACTED]

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 08-08-2018 By [REDACTED]  
DATE  
 Executed on 08-08-2018 By [REDACTED]  
DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Marostica for Ventura City Council, District 4

Page 2  
I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Ventura County Credit Union	AREA CODE/PHONE 805-477-4000	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	
Mike Marostica	Ventura City Council District 4	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"/>