

**Statement of Organization Recipient Committee**

Statement Type

Initial

Not yet qualified or

Date qualified as committee

Amendment

18 AUG 24 P2:43

Termination - See Part 5

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date qualified as committee

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of termination

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

AUG 03 2018

CALIFORNIA FORM 410

For Official Use Only

R/HA

**1. Committee Information**

I.D. Number  
(if applicable)

NAME OF COMMITTEE

ED ALAMILLO FOR COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

(805)766-9171

MAILING ADDRESS (IF DIFFERENT)

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

EDALAMILLO2011@GMAIL.COM

COUNTY OF DOMICILE

VENTURA

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF VENTURA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

SALVADOR LEANOS

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

STATE

ZIP CODE

AREA CODE/PHONE

(805)630-8801

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 foregoing is true and correct.

Executed on

07/31/2018

DATE

By

[REDACTED SIGNATURE]

ASSISTANT TREASURER

Executed on

07/31/2018

DATE

By

DATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME  
ED ALAMILLO FOR COUNCIL 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE (805) 642-0353	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
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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	
ED ALAMILLO	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
Ed Alamillo	Ventura City Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>