

**Statement of Organization
Recipient Committee**

SAN BUENA VENTURA
CITY CLERK

Statement Type

Initial

Not yet qualified
or

Date qualified as committee

18 AUG 23 A9:49

Amendment

Date qualified as committee

Termination - See Part 5

07 / 31 / 2018

Date of termination

Date Stamp RECEIVED AND FILED in the office of the Secretary of of the State of California AUG 16 2018 of the State of California	CALIFORNIA FORM 410 For Official Use Only 18 AUG 23 A9:49
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1. Committee Information	2. Treasurer and Other Financial Officers
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I.D. Number
(if applicable)

NAME OF COMMITTEE
James Forsythe for Ventura City Council 2018

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] 805-698-3990

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
forsythe4ventura@gmail.com

COUNTY OF DOMICILE Ventura County	JURISDICTION WHERE COMMITTEE IS ACTIVE Ventura
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NAME OF TREASURER
James Forsythe

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] 805-698-3990

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

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

CITY STATE ZIP CODE 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 information is true and complete.

Executed on	<u>07/31/2018</u>	By	[REDACTED]
Executed on	<u>07/31/2018</u>	By	[REDACTED]
Executed on	_____	By	[REDACTED]
Executed on	_____	By	[REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT