

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:
1411026
01, 11, 2019
Date of Termination

Date Stamp SAN BUENA VISTA CITY CLERK	CALIFORNIA FORM 410
19 JAN 11	For Official Use Only P 4:32

1. Committee Information

NAME OF COMMITTEE
Kistner for Ventura City Council
- 2018

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] 93003 805 766-0946

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Veronica Kistner

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] 93003 805-300-6340

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

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 complete.

Executed on 1/11/19 DATE By [REDACTED] ASSISTANT TREASURER

Executed on 1-11-2019 DATE By [REDACTED] 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