

**Statement of Organization
Recipient Committee**

SAN BUENA VENTURA
CITY CLERK

Date Stamp

**CALIFORNIA
FORM 410**

Statement Type

Initial

Not yet qualified or

Date qualified as committee

2018-07-30
Date qualified as committee

Amendment

Date qualified as committee
(If amending to provide this date)

Termination - See Part 5

2018-12-27
Date of termination

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

JAN 02 2019

For Official Use Only

1. Committee information I.D. Number (if applicable) **1408481** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Nasarenko for City Council 2018

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] 805-665-3074

MAILING ADDRESS (IF DIFFERENT)
[REDACTED] Ventura, CA 93003

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
District 4

NAME OF TREASURER
Erik Nasarenko

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] 805-655-3074

NAME OF ASSISTANT TREASURER, IF ANY
Susan Herrera

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED] 805-6-857-3430

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 provided is true and correct. I understand that I am subject to the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/27/2018 By Erik Nasarenko
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/27/2018 By Erik Nasarenko
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 12/27/2018 By Susan Herrera
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 12/27/2018 By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Nasarenko for City Council 2018

I. D. NUMBER
1408481

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 805-482-0749	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY	STATE ZIP CODE

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."
- 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	PARTY
Erik Nasarenko	City Council Member DISTRICT NO.: 4	2018-11-06	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	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"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Nasarenko for City Council 2018

I. D. NUMBER
1408481

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date Qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.