Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**
○ Not yet qualified
or
○ Date qualification threshold met
____/____/____

☒ **Amendment**
Date qualification threshold met
____/____/____

☐ **Termination – See Part 5**
Date of termination
____/____/____

Date Stamp
SAN BUENA VENTURA
CITY CLERK
19 JAN 31 P4:48

CALIFORNIA FORM **410**
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)* 1408787

NAME OF COMMITTEE
2018
Lorrie Brown for Ventura City Council

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

CITY [redacted] STATE ZIP CODE AREA CODE/PHONE
[redacted] (805) 336-6900

FULL MAILING ADDRESS (IF DIFFERENT)
[redacted]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
Brown4ventura@gmail.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura (City of) District 6

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Bridget Espinoza

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

CITY [redacted] STATE ZIP CODE AREA CODE/PHONE
(805) 655-7970

NAME OF ASSISTANT TREASURER, IF ANY
Lorrie Brown

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

CITY [redacted] STATE ZIP CODE AREA CODE/PHONE
(805) 336-6900

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 [redacted]

Executed on 1/26/19 (DATE) By [redacted]

Executed on 1/30/19 (DATE) By [redacted]

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