

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 4 / 1 / 19	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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CITY OF
SAN BUENAVENTURA
CITY CLERK'S OFFICE

2019 NOV 20 PM 3: 54

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE VENTURA POLICE OFFICERS POLITICAL ACTION COMMITTEE		NAME OF TREASURER SCHUYLER HEARD	
I.D. Number (if applicable) 93-1175		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY JESUS NUNEZ	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) VPOA@CI.VENTURA.CA.US		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
COUNTY OF DOMICILE VENTURA	JURISDICTION WHERE COMMITTEE IS ACTIVE VENTURA	CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	
		NAME OF PRINCIPAL OFFICER(S) WILLIAM GRIFFIN	
		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 provided is true and correct.

Executed on 11-20-19 By [REDACTED]
DATE TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME VENTURA POLICE OFFICERS POLITICAL ACTION COMMITTEE	I.D. NUMBER 93-1175
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION UBS	AREA CODE/PHONE 833-759-2915	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED] ZIP CODE [REDACTED]

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." 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	PARTY CHECK ONE		(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			<input 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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME
VENTURA POLICE OFFICERS POLITICAL ACTION COMMITTEE

I.D. NUMBER
93-1175

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

POLITICAL CONTRIBUTIONS AND SUPPORT

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

VENTURA POLICE OFFICERS ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

POLICE OFFICERS ASSOCIATION

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

[Redacted address information]

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.