

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Termination - See Part 5

Date qualification threshold met: 6/26/20
 Date of termination: _____

CITY OF
SAN BUENAVENTURA
CITY CLERK
RECEIVED AND
In the office of the Secretary of State
of the State of California
2020 JUL 16 AM 11:03
JUL 06 2020

410
FCRM
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
<p>I.D. Number <u>H27016</u> <small>(if applicable)</small></p> <p>NAME OF COMMITTEE <u>Redersen 4 Ventura 2020</u> <u>(City Council Dist. 7)</u></p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>AREA CODE/PHONE <u>713-569-3125</u></p> <p>FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>nancy@sunflowersonthesquare.com</u></p> <p>COUNTY OF DOMICILE <u>Ventura</u> JURISDICTION WHERE COMMITTEE IS ACTIVE <u>City of Ventura</u></p>	<p>NAME OF TREASURER <u>Nancy B Redersen</u></p> <p>AREA CODE/PHONE <u>713-569-3125</u></p> <p>NAME OF ASSISTANT TREASURER, IF ANY <u>Shirley Lyons</u></p> <p>STREET ADDRESS (NO P.O. BOX) [REDACTED]</p> <p>AREA CODE/PHONE <u>805-647-2887</u></p>
<p>Attach additional information on appropriately labeled continuation sheets.</p>	

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.

Executed on 7/2/20 By _____
DATE

Executed on 7/2/20 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME: Redersen 4 Ventura 2020 (City Council District 7) I.D. NUMBER: 1427016

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

NAME OF FINANCIAL INSTITUTION: Wells Fargo Bank AREA CODE/PHONE: [REDACTED] BANK ACCOUNT NUMBER: [REDACTED]
ADDRESS: [REDACTED]

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	Partisan	
<u>Nancy Bedford Redersen</u>	<u>Ventura City Council</u> <u>District 7</u>	<u>20</u>	<input checked="" 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	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

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 OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

Termination Requirements

By signing this verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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.