

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="checkbox"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input checked="" type="checkbox"/> Date qualification threshold met	06 / 28 / 2020	_____ / _____ / _____

CITY OF
SAN BUENAVENTURA
CITY CLERK'S OFFICE
Date Stamp

2020 JUL -6 PM 2:44

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number 1427393 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE Mike Johnson for Ventura City Council 2020		NAME OF TREASURER Michael Johnson		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY [REDACTED]		STATE ZIP CODE AREA CODE/PHONE [REDACTED] (805) 204-2907		
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED] (805) 204-2907		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S)		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) mike4district3@gmail.com		CITY STATE ZIP CODE AREA CODE/PHONE		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
COUNTY OF DOMICILE Ventura County	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Ventura		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 foregoing is true and correct.

Executed on 7/1/2020 By [REDACTED]
DATE

Executed on 7/1/2020 By [REDACTED]
DATE

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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COMMITTEE NAME
Mike Johnson for Ventura City Council 2020

I.D. NUMBER
1427393

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

NAME OF FINANCIAL INSTITUTION
Wells Fargo

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

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." 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		
Mike Johnson	Ventura City Council, District 3	2020	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

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

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COMMITTEE NAME

Mike Johnson for Ventura City Council 2020

I.D. NUMBER
1427393

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

Data qualified

5. Termination Requirements

By signing the 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.