

2005 AUG 20 PM 5:02

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> <b>Initial</b> <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> <b>Amendment</b> Date qualification threshold met 08 / 19 / 2020	<input type="checkbox"/> <b>Termination - See 2005</b> Date of termination
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<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
<b>I.D. Number</b> 428238 <small>(if applicable)</small>			
NAME OF COMMITTEE Dougie Michie for Council 2020		NAME OF TREASURER Oksana Michie	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE 805-643-9900
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE 805-641-1000
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) FAX: 805-258-7272 dougie.district2@gmail.com		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Ventura		
NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE	
<i>Attach additional information on appropriately labeled continuation sheets.</i>			
<b>3. Verification</b>			

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	8/20/2020	[REDACTED SIGNATURE]	TREASURER
	DATE		
Executed on	8/20/2020		OR STATE MEASURE PROPONENT
	DATE		
Executed on	_____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE		
Executed on	_____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE		

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COMMITTEE NAME Dougie Michie for Council 2020	I.D. NUMBER 428238
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION U.S. Bank, N.A.	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS	CITY	STATE ZIP CODE

[REDACTED ADDRESS]

**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		
Dougie Michie	City Council - District 2	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

Dougie Michie for Council 2020

I.D. NUMBER

428238

**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

**5. Termination Requirements**

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