

FEB 04 2020

CALIFORNIA FORM 410

For Official Use Only

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Date of termination: 1/31/2020

2020 JAN 31 PM 9:08

RECEIVED AND FILED in the office of the Secretary of State of the State of California

1. Committee Information I.D. Number (if applicable) 1408787 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Lorrie Brown for Ventura City Council 2018. STREET ADDRESS: [Redacted]. ZIP CODE: 93005. COUNTY OF DOMICILE: Ventura. JURISDICTION WHERE COMMITTEE IS ACTIVE: District 6 - Ventura

NAME OF TREASURER: Bridget Espinoza. STREET ADDRESS: [Redacted]. CITY: [Redacted]. STATE: [Redacted]. ZIP CODE: [Redacted]. AREA CODE/PHONE: (805) 455-7970. NAME OF PRINCIPAL OFFICER(S): Lorrie Brown. STREET ADDRESS: [Redacted]. CITY: [Redacted]. STATE: [Redacted]. ZIP CODE: [Redacted]. AREA CODE/PHONE: (805) 330-6900

Attach additional information on appropriately labeled continuation sheets.

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 1/31/2020 By [Redacted] TREASURER. Executed on [Redacted] By [Redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME

*Lorrie Brown for Ventura City Council 2018*

*1408787*

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

NAME OF FINANCIAL INSTITUTION <i>Community West Bank</i>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [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		
<i>Lorrie Brown</i>	<i>Ventura City Council, Dist 6</i>	<i>2018</i>	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"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
*Lorrie Brown for Ventura City Council 2018*

I.D. NUMBER  
*1408787*

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 this 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.