

SAN BUENA VENTURA
CITY CLERK

Statement of Organization
Recipient Committee

Statement Type Initial
Not yet qualified or
Date qualified as committee

Amendment Termination - See Part 5
List I.D. number: 1385555
12 24 2016
Date qualified as committee (If applicable) Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 03 2017
CALIFORNIA FORM 410
For Official Use Only

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Cheryl Heitmann for City Council 2016
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 805-469-1704
MAILING ADDRESS (IF DIFFERENT)
FAX / E-MAIL ADDRESS
Cherylheitmann@gmail.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Ventura

NAME OF TREASURER
Susan Herrera
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
Camarillo CA 93010 805-504-3610
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

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 12/24/16 By [Redacted] TREASURER
Executed on 12-24-16 By [Redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT