

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

1382296

____/____/____
Date qualified as committee

____/____/____
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

1382296

12/31/2016
Date of Termination

Date Stamp
SAN CALIFORNIA FORM 410
For Official Use Only
17 FEB -7 P1:05
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 30 2017

1. Committee Information

NAME OF COMMITTEE

LaVere for City Council 2016

MAILING ADDRESS (IF DIFFERENT)

AREA CODE/PHONE
(805)232-3345

FAX / E-MAIL ADDRESS

mattlavere@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Gary L. Wolfe

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE
(805)648-6061

NAME OF ASSISTANT TREASURER, IF ANY

Sherry A. Lyons

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE
(805)648-6061

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 information provided is true and complete.

Executed on 1/27/17 By _____
DATE

Executed on 1/26/17 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

LaVere for City Council 2016

I.D. NUMBER

1382296

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

NAME OF FINANCIAL INSTITUTION Ventura County Credit Union	AREA CODE/PHONE (805)477-4000	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

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."
- 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
Matt LaVere	Ventura City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

LaVere for City Council 2016

I.D. NUMBER

1382296

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

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements By signing the 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.