

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1258082

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b> RA <i>OK</i>
For Official Use Only	
'16 AUG -4 A9:50	
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>JUL 25 2016</b>	

**1. Committee Information**

NAME OF COMMITTEE  
**Christy Weir for City Council 2016**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93001	(805)258-8023

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
**christy@christyweir.com**

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	City of San Buenaventura

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Timothy Weir**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93001	(805)258-8023

NAME OF ASSISTANT TREASURER, IF ANY  
**NA**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
**NA**

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 07/20/2016 By \_\_\_\_\_  
DATE

Executed on 07/20/2016 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**Christy Weir for City Council 2016**

I.D. NUMBER  
**1258082**

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

NAME OF FINANCIAL INSTITUTION <b>Pacific Western Bank</b>	AREA CODE/PHONE <b>(805)804-8200</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY <b>Ventura</b>	CA 93001

Mark 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
<b>Christy Weir</b>	<b>City Council Member</b>	<b>2016</b>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>