

**Statement of Organization Recipient Committee**

Statement Type  Initial  Not yet qualified or

Amendment List I.D. number: # 1395062D

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

Date qualified as committee: 1/1/16 Date qualified as committee (if applicable): 1/1/16 Date of Termination: 1/1/16

SAN BUENA VENTURA CITY CLERK

Date Stamp '16 SEP 29 P 1:00

CALIFORNIA FORM 410 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE: Lorrie Brown for Ventura City Council 2016  
 STREET ADDRESS (NO P.O. BOX): 10329 Hummingbird St.  
 CITY: Ventura STATE: CA ZIP CODE: 93003 AREA CODE/PHONE: (805) 336-0900  
 MAILING ADDRESS (IF DIFFERENT): Po Box 5103 Ventura CA 93005  
 FAX / E-MAIL ADDRESS: Brown4ventura@gmail.com  
 COUNTY OF DOMICILE: Ventura JURISDICTION WHERE COMMITTEE IS ACTIVE:

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: LAMONT HOLLEMS  
 STREET ADDRESS (NO P.O. BOX): 3627 DUNKIRK CA 93035  
 CITY: VENTURA STATE: CA ZIP CODE: 93035 AREA CODE/PHONE: 805-407-0046  
 NAME OF ASSISTANT TREASURER, IF ANY: Carole Martin  
 STREET ADDRESS (NO P.O. BOX): 11580 N. Ventura Ave  
 CITY: Ojai STATE: CA ZIP CODE: 93023 AREA CODE/PHONE: 805-649-9522  
 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 9/20/16 BY Lamont Hollms SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 9/20/16 BY [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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I.D. NUMBER

**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, officer/holder of proposition, 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.