

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1385060

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

7/25/2016
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

SAN BUENAVENTURA
CITY CLERK

'16 JUL 27 A 7:48

CALIFORNIA
FORM **410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Brown for Ventura City Council 2016
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93003 (805) 336 6900

MAILING ADDRESS (IF DIFFERENT)
PO Box 5163 Ventura CA 93005

FAX / E-MAIL ADDRESS
brown4ventura@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lamont Hollins

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA #209

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 7/25/2016 By _____ TREASURER

Executed on 7/25/2016 By _____ 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <i>Brown for Ventura City Council 2016</i>	I.D. NUMBER <i>1385060</i>
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• 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 <i>(805) 650-1901</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY <i>Ventura CA</i>	STATE ZIP CODE <i>93003</i>

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
<i>Lorrie Brown</i>	<i>Ventura City Council</i>	<i>2016</i>	<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"/>