

1385060

SAN BUENA VENTURA CITY CLERK

Statement of Organization Recipient Committee

Statement Type

Initial [checked] Not yet qualified [checked] or

Amendment [checked] APR 27 P2 [checked] Termination - See Part 5

List I.D. number: # \_\_\_\_\_ # \_\_\_\_\_

Date qualified as committee \_\_\_\_\_ Date qualified as committee (if applicable) \_\_\_\_\_ Date of Termination \_\_\_\_\_

RECEIVED AND FILED in the office of the Secretary of State of the State of California APR 18 2016 CALIFORNIA FORM 410 For Official Use Only

NAME OF COMMITTEE

Brown for Ventura City Council 2016

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_ (805) 336-6900

CITY STATE ZIP CODE AREA CODE/PHONE Ventura CA 93003

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_ Ventura CA 93005

FAX / E-MAIL ADDRESS brown4ventura@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Ventura

NAME OF TREASURER

Lamont Hollins

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_ Oxnard CA 93035 (805) 407-0046

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.

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 3/29/2016 By [Signature]
Executed on 3/29/2016 By [Signature]
Executed on \_\_\_\_\_ By \_\_\_\_\_
Executed on \_\_\_\_\_ By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
*Brown for Ventura City Council 2016*

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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 L. 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"/>