

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

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

_____/_____/_____
Date of Termination

City Copy
SAN BUENA VENTURA
CITY CLERK

Date Stamp

'16 MAR 30 11:00

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)
[REDACTED] (805) 336-6900

CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93003

MAILING ADDRESS (IF DIFFERENT)
[REDACTED] Ventura CA 93005

FAX / E-MAIL ADDRESS
brown4ventura@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura

Attach additional information on appropriately labeled continuation sheets.

2. INFORMATION ON CONTROLLING OFFICER(S)

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 [REDACTED]

Executed on 3/29/2016 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

NAME OF TREASURER
Lamont Hollins

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Brown for Ventura City Council 2016

Page 2

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"/>