

56
R/LP

1385555

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # _____

Date qualified as committee 4, 27, 2016 Date qualified as committee (if applicable) # _____ Date of Termination # _____

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

MAY 05 2016

CALIFORNIA FORM 410
For Official Use Only

R/LP

1. Committee Information

NAME OF COMMITTEE
Cheryl Heitmann for City Council | 2016

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

CITY STATE ZIP CODE AREA CODE/PHONE
Ventura Ventura CA 93001 805 469-1704

MAILING ADDRESS (IF DIFFERENT)
[REDACTED] Ventura CA 93002-444

FAX / E-MAIL ADDRESS
Cherylheitmann@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Susan Herrera

STREET ADDRESS (NO P.O. BOX)
[REDACTED] 805-857-3430

CITY STATE ZIP CODE AREA CODE/PHONE
Camarillo, CA 93010

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 4/28/16 By [REDACTED] NT TREASURER

Executed on 4-28-2016 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR 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

16 JUN -3 P2:17
SAN BUENA VENTURA
CITY CLERK

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Cheryl Heitmann For City Council 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION

PACIFIC WESTERN BANK

AREA CODE/PHONE

805-804-8200

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

[REDACTED]

CITY

VENTURA, CA

STATE

ZIP CODE

93001

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>Cheryl Heitmann</i>	<i>City Council Member - Ventura, CA</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"/>