

**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
 List I.D. number: # _____ Date qualified as committee (if applicable): 1/1/1
 List I.D. number: # _____ Date of Termination: 1/1/1

SAN BUENA VENTURA
CITY CLERK
Date stamp: '16 MAY -3 P4:33
CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE

Cheryl Heitmann for City Council | 2016

STREET ADDRESS (NO P.O. BOX)

[Redacted]

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

Ventura Ventura CA 93001 469-1704⁸⁰⁵

FAX / E-MAIL ADDRESS

Cherylheitmann@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Susan Herrera

STREET ADDRESS (NO P.O. BOX)

[Redacted]

805-857-3430

AREA CODE/PHONE

CITY

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 Signature]

ASSISTANT TREASURER

Executed on

4-28-2016

By

DATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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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

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"/>