

13462206

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [ ] Amendment, [ ] Termination - See Part 5. Date qualified as committee: 01/11/2016.

RECEIVED AND FILED in the office of the Secretary of State of the State of California. Date Stamp: JAN 26 2016. CALIFORNIA FORM 410. For Official Use Only: 16 FEB -2 P3:22.

1. Committee Information 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: LaVere for City Council 2016. CITY: Ventura, STATE: Ca, ZIP CODE: 93001, AREA CODE/PHONE: (805)232-3345. FAX/E-MAIL ADDRESS: mattlavere@gmail.com. COUNTY OF DOMICILE: Ventura, JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Ventura.

NAME OF TREASURER: Gary L. Wolfe. CITY: Ventura, STATE: Ca, ZIP CODE: 93001, AREA CODE/PHONE: (805)648-6061. NAME OF ASSISTANT TREASURER, IF ANY: Sherry A. Lyons. CITY: Ventura, STATE: Ca, ZIP CODE: 93001, AREA CODE/PHONE: (805)648-6061.

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 1-21-16 By [Redacted Signature]
Executed on 01/20/2016 By [Redacted Signature]
Executed on [ ] By [ ]
Executed on [ ] By [ ]

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Recipient Committee**

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COMMITTEE NAME

LaVere for City Council 2016

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

NAME OF FINANCIAL INSTITUTION Ventura County Credit Union	AREA CODE/PHONE (805)477-4000	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Ventura	STATE Ca
		ZIP CODE 93003

**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
Matt LaVere	Ventura City Council	2016	<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"/>

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COMMITTEE NAME

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**4. Type of Committee** (continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing this verification, the treasurer, assistant treasurer, and/or candidate or ballot clerk or person who acts in place of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.