Statement of Organization
Recipient Committee

SAN BUENA VENTURA CITY CLERK
'16 OCT 31 P3:32

CALIFORNIA FORM **410**

For Official Use Only

Statement Type

☐ **Initial**
Not yet qualified ☐ or
___/___/___
Date qualified as committee

☑ **Amendment**
List I.D. number:
#
10/27/2016
Date qualified as committee (if applicable)

☐ **Termination – See Part 5**
List I.D. number:
#
___/___/___
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Neighbors for the Ventura Hillside

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93003	(805)797-3023

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principicers

NAME OF TREASURER
Nicholas Bonge

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93001	(805)797-3023

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Nicholas Bonge

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93001	(805)797-3023

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained is true and complete. I certify under penalty of perjury under the laws of the State [redacted] and correct.

Executed on 10/31/2016 (DATE) By [redacted] OF TREASURER OR ASSISTANT TREASURER

Executed on 10/31/2013 (DATE) By [redacted] OFFICEHOLDER, CANDIDATE, 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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

Page 2

COMMITTEE NAME
Neighbors for the Ventura Hillside

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 NUMB
Union Bank	(805)639-2038	[redacted]

ADDRESS	CITY	STATE	
[redacted]	Ventura	CA	93

4. Type of Committee. Complete the applicable sections.

[redacted]

- List the name of each controlling officeholder, candidate, or state measure proponent. If candic officeholder controllist 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 "nonpartis
- If this committee acts jointly with another controlled committee, list the name and identificationmer of the other contrmmittee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SEOR HELD (INCLUDE DISTRICT NUMAPPLICABLE)	:OF ELECTION	PARTY
			☐ Nonpartisan
			☐ Nonpartisan

[redacted] Primarily formed to support or oppose specific candidates or mes in a single election. ow:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATBCE SOUGHT OR HELD OR MBURISDICTION (INCSTRICT NO., CITY OR COUNTCABLE)	CHECK ONE SUPPORT	CHECK ONE OPPOSE
		☐	☐
		☐	☐

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Neighbors for the Ventura Hillside

I.D. NUMBER

4. Type of Committee (Continued)

[redacted] 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

Support of activities to preserve the natural state of the Ventura Hillside and enforcement of Ventura's Hillside Management Program

[redacted] List additional sponsors on an attachment.

NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE

[redacted] ☐ ____/____/____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all 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.