

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1258082

07 / 21 / 2016

_____/_____/_____
Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp

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

AUG 29 2016

CALIFORNIA FORM 410	
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1. Committee Information

NAME OF COMMITTEE

Christy Weir for City Council 2016

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Ventura

CA 93001

(805)258-8023

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

christy@christyweir.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Ventura

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Timothy Weir

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Ventura

CA 93001

(805)258-8023

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 08/24/2016
DATE

By

TREASURER OR ASSISTANT TREASURER

Executed on 08/24/2016
DATE

By

HOLDER, 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Christy Weir for City Council 2016

I.D. NUMBER

1258082

- 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	STATE ZIP CODE 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
Christy Weir	Ventura City Council Member	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"/>