### Statement of Organization

**Recipient Committee**

**Statement Type**
- Initial
- Not yet qualified or
- Date qualified as committee

<table>
<thead>
<tr>
<th>I.D. Number (if applicable)</th>
<th>NAME OF COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bill Daniels For City Council 2018</td>
</tr>
</tbody>
</table>

**STREET ADDRESS (NO P.O. BOX)**

- Simi Valley, Ca 93065

**STREET ADDRESS (IF DIFFERENT)**

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**

**COUNTY OF DOMICILE**

- Ventura

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

- Simi Valley

---

**NAME OF TREASURER**

- Linda Daniels

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simi Valley</td>
</tr>
</tbody>
</table>

| STATE |
| Ca |

| ZIP CODE |
| 93065 |

| NAME OF ASSISTANT TREASURER, IF ANY |

**STREET ADDRESS (NO P.O. BOX)**

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**

**COUNTY OF DOMICILE**

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

- Simi Valley

---

**NAME OF PRINCIPAL OFFICER(S)**

- Bill Daniels

**STREET ADDRESS (NO P.O. BOX)**

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**

**COUNTY OF DOMICILE**

**JURISDICTION WHERE COMMITTEE IS ACTIVE**

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**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** 4/12/18

**DATE**

**By** [Signature]

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**Attach additional information on appropriately labeled continuation sheets.**
### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

Bill Daniels For City Council 2018

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Daniels</td>
<td>City Council Member - City of Simi Valley</td>
<td>2018</td>
<td>✔ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✗ Partisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Bill Daniels For City Council 2018

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  ☐ Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
To raise money for the Bill Daniels For City Council 2018 campaign.

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

AREA CODE/PHONE

Small Contributor Committee
☐ Date qualified

- 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.