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Statement of Organization Recipient Committee

Statement Type [X] Initial [ ] Amendment [ ] Termination - See Part 5 in the office of the Secretary of State of the State of California
Date qualified as committee 02 / 08 / 2018

RECEIVED AND FILED in the office of the Secretary of State of the State of California FEB 20 2018 CALIFORNIA FORM 410 For Official Use Only

1. Committee Information I.D. Number (if applicable) NAME OF COMMITTEE Keith Mashburn for Mayor 2018 CITY Simi Valley STATE Ca ZIP CODE 93065 COUNTY OF DOMICILE Ventura JURISDICTION WHERE COMMITTEE IS ACTIVE City Of Simi Valley

2. Treasurer and Other Principal Officers NAME OF TREASURER Amy Ginnever CITY Simi Valley STATE Ca ZIP CODE 93063 NAME OF ASSISTANT TREASURER, IF ANY Keith Mashburn CITY Simi Valley STATE Ca ZIP CODE 93065 NAME OF PRINCIPAL OFFICER(S) Keith Mashburn CITY Simi Valley STATE Ca ZIP CODE 93065

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MAR 05 2018

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 02/16/2018 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 02/16/2018 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

Keith Mashburn for Mayor 2018

I.D. NUMBER

- 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		
ADDRESS	CITY Ventura	STATE Ca	ZIP CODE 93006-6920	

**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." 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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Keith Mashburn	Mayor, City Of Simi Valley		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>