Statement of Organization
Recipient Committee
Statement Type ✔ Initial
☐ Amendment
☐ Termination – See Part 5

1. Committee Information
   NAME OF COMMITTEE
   Wright for City Council 2018
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   Mailing Address (if different)
   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   JURISDICTION WHERE COMMITTEE IS ACTIVE
   COUNTY OF DOMICILE
   Ventura
   City of Simi Valley

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Victoria Catherine Wright
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   NAME OF ASSISTANT TREASURER, IF ANY
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   NAME OF PRINCIPAL OFFICER(S)
   Ventura City of Simi Valley Victoria Catherine Wright
   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.

07/05/2018
Executed on
By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

07/05/2018
Executed on
By
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

07/05/2018
Executed on
By
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

07/05/2018
Executed on
By
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Wright 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>pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

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.

<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>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victoria Catherine Wright</td>
<td>City Council</td>
<td>2018</td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME</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>SUPPORT</td>
</tr>
</tbody>
</table>

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