Statement of Organization
Recipient Committee

1. Committee Information
I.D. Number (if applicable) 1405660

NAME OF COMMITTEE
Fred Thomas for Simi Valley City Council 2018

STREET ADDRESS (NO P.O. BOX)
Simi Valley, CA 93065

MAILING ADDRESS (IF DIFFERENT)
29, Simi Valley, CA 93094

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Barbara Laspina

STREET ADDRESS (NO P.O. BOX)

CITY
Chatsworth
STATE
CA
ZIP CODE
91311
AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Debbie Thomas

STREET ADDRESS (NO P.O. BOX)

CITY
Simi Valley
STATE
CA
ZIP CODE
93065
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Fred Thomas

STREET ADDRESS (NO P.O. BOX)

CITY
Simi Valley
STATE
CA
ZIP CODE
93065
AREA CODE/PHONE

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 06/28/18 By

DATE
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/28/18 By

DATE
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOONENT

Executed on DATE By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOONENT

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