

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee
 _____/_____/_____ 06/24/2018 _____/_____/_____
 Date qualified as committee Date of termination

Date Stamp

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

JUL 05 2018

CALIFORNIA FORM 410
For Official Use Only

| | |
|---------------------------------|--|
| 1. Committee Information | 2. Treasurer and Other Principal Officers |
|---------------------------------|--|

I.D. Number (if applicable) 1405660

NAME OF COMMITTEE
Fred Thomas for Simi Valley City Council 2018

STREET ADDRESS (NO P.O. BOX)

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

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

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura Simi Valley

NAME OF TREASURER
Barbara Laspina

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Chatsworth CA 91311

NAME OF ASSISTANT TREASURER, IF ANY
Debbie Thomas

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)
Fred Thomas

STREET ADDRESS (NO P.O. BOX)

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

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 06/28/18 By Debbie Thomas
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/28/18 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT