Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part

Date qualified as committee
04/24/2018

Date of termination

I.D. Number
1405039

NAME OF COMMITTEE
Bill Daniels For City Council 2018

NAME OF TREASURER
Linda Daniels

STREET ADDRESS (NO P.O. BOX)
Simi Valley

CITY
Simi Valley

STATE
Ca

ZIP CODE
93065

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Simi Valley

STREET ADDRESS (NO P.O. BOX)
Simi Valley

CITY
Simi Valley

STATE
Ca

ZIP CODE
93065

NAME OF PRINCIPAL OFFICER(S)
Bill Daniels

STREET ADDRESS (NO P.O. BOX)
Simi Valley

CITY
Simi Valley

STATE
Ca

ZIP CODE
93065

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 04/24/2018
By

Executed on 04/24/2018
By

Executed on
By

Executed on
By

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*

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**COMMITTEE NAME**

Bill Daniels For City Council 2018

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- 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>Ventura County Credit Union</td>
<td>(805) 339-0496</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>P.O. Box 6920</td>
<td>Ventura</td>
<td>Ca.</td>
<td>93003-6920</td>
</tr>
</tbody>
</table>

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**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 PROPONENT</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>Bill Daniels</td>
<td>City Council Member - City of Simi Valley</td>
<td>2018</td>
<td>✔️</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

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**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>
</tbody>
</table>

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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.

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.