Statement of Organization
Recipient Committee
Statement Type
☐ Initial
☐ Not yet qualified
☐ Date qualified as committee
☐ Amendment
☐ Date qualified as committee
☐ Termination – See Part 5
☐ Date of termination

1. Committee Information
I.D. Number
If applicable

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE</th>
<th>I.D. Number (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of Carina Armenta for mayor 2018</td>
<td></td>
</tr>
</tbody>
</table>

2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ada Armenta</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simi Valley</td>
<td>CA</td>
<td>93065</td>
<td>805/587-7711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF ASSISTANT TREASURER, IF ANY</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carina Armenta</td>
<td>Simi Valley</td>
<td>CA</td>
<td>93065</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF PRINCIPAL OFFICEHOLDER(S)</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Simi Valley</td>
</tr>
</tbody>
</table>

E-mail address (required/ fax optional)

Simi Valley | CA | 93065 |

County of domicile

<table>
<thead>
<tr>
<th>COUNTY OF DOMICILE</th>
<th>JURISDICTION WHERE COMMITTEE IS ACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura</td>
<td></td>
</tr>
</tbody>
</table>

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 08/02/18 By

Executed on 08/02/18 By

Executed on By

Executed on By

Executed on By

Signature of controlling officeholder, candidate, or state measure proponent

Signature of treasurer or assistant treasurer

Signature of controlling officeholder, candidate, or state measure proponent

Signature of controlling officeholder, 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**

Friends of Carina Armenta for mayor 2018

- All committees must list the financial institution where the campaign bank account is located.

**NAME OF FINANCIAL INSTITUTION**

Wells Fargo Bank, NA

**ADDRESS**

1403 Simi Town Center Way

**CITY**

Simi Valley

**STATE**

CA

**ZIP CODE**

93065

**AREA CODE/PHONE**

805/578 1940

**BANK ACCOUNT NUMBER**


<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>Carina Armenta</td>
<td>Mayor, City of Simi Valley</td>
<td>2018</td>
<td>☑️ Nonpartisan</td>
<td>Partisan</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)</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>OPPOSE</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>Friends of Corina Armenta for Mayor 2018</th>
</tr>
</thead>
</table>

### 4. Type of Committee

**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**

**Sponsored Committee**

List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**

☐ __/___/___ Date qualified __/___/___

### 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- 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.