Statement of Organization
Recipient Committee
Statement Type
- Initial
- Not yet qualified
- Amendment
- Termination – See Part 5

1. Committee Information
   I.D. Number
   (if applicable)
   NAME OF COMMITTEE
   Ruth Luevanos for Simi Valley City Council 2018

   STREET ADDRESS (NO P.O. BOX)
   Ventuera County

   CITY
   Simi Valley

   STATE
   CA

   ZIP CODE
   93063

   PHONE

   MAILING ADDRESS (IF DIFFERENT)
   Simi Valley CA 93062

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

   COUNTY OF DOMICILE
   Ventura County

   JURISDICTION WHERE COMMITTEE IS ACTIVE
   City of Simi Valley

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Dulcemonica Delgadillo

   STREET ADDRESS (NO P.O. BOX)
   Simi Valley CA 93062

   CITY
   Simi Valley

   STATE
   CA

   ZIP CODE
   93063

   PHONE

   NAME OF ASSISTANT TREASURER, IF ANY
   Ruth Luevanos

   STREET ADDRESS (NO P.O. BOX)
   Simi Valley CA 93063

   CITY
   Simi Valley

   STATE
   CA

   ZIP CODE
   93063

   PHONE

   NAME OF PRINCIPAL OFFICER(S)

   STREET ADDRESS (NO P.O. BOX)

   CITY

   STATE

   ZIP 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.

   EXECUTED ON 8/2/18
   DATE

   EXECUTED ON 8/2/18
   DATE

   EXECUTED ON
   DATE

   EXECUTED ON
   DATE

   EXECUTED ON
   DATE

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

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Ruth Luevanos for Simi Valley 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>Wells Fargo</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDRESS**
1403 Simi Town Center Way, Simi Valley, CA 93065

**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 PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth Luevanos for Simi Valley City Council 2018</td>
<td>City Council for City of Simi Valley</td>
<td>2018</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)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT                                                                  OPPOSE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT                                                                  OPPOSE</td>
</tr>
</tbody>
</table>

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