Statement of Organization Recipient Committee

Statement Type
- Initial
- Amendment
- Termination – See Part 5

Date qualification threshold met

Date of termination

I.D. Number 1403384

NAME OF COMMITTEE
Keith Mashburn for Mayor 2020

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

FULL MAILING ADDRESS (IF DIFFERENT)

NAME OF TREASURER
Amy Ginnever

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

NAME OF ASSISTANT TREASURER, IF ANY
Keith Mashburn

STREET ADDRESS (NO P.O. BOX)

NAME OF PRINCIPAL OFFICER(S)
Keith Mashburn

STREET ADDRESS (NO P.O. BOX)

COUNTRY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
City Of Simi Valley

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 07/07/2020
By

Executed on 07/07/2020
By

Executed on
By

Executed on
By

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

INSTRUCTIONS ON REVERSE

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

NAME OF FINANCIAL INSTITUTION
Ventura County Credit Union

ADDRESS
Simi Valley

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY
CHECK ONE

Nonpartisan  Partisan  (list political party below)

Primarily Formed Committee
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT  OPPOSE

SUPPORT  OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Keith Mashburn for Mayor 2020

4. Type of Committee (Continued)

☐ 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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

☐ Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR
INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY
STATE ZIP CODE AREA CODE/PHONE

☐ Small Contributor Committee

5. Termination Requirements

☐ By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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.