

**Statement of Organization
Recipient Committee**

Statement Type

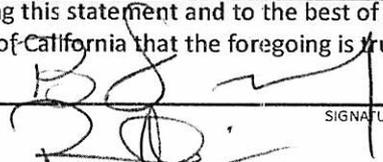
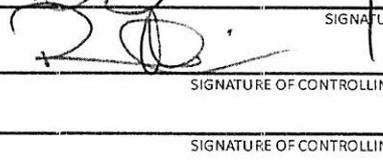
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp	CALIFORNIA FORM 410
RECEIVED CITY OF SIMI VALLEY	For Official Use Only
2020 AUG 20 PM 4:57	
OFFICE OF CITY CLERK BY <i>Pla</i>	

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Committee to Elect Robbie Hidalgo for Mayor 2020				NAME OF TREASURER Lisa Trent			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY Simi Valley	STATE CA	ZIP CODE 93065	AREA CODE/PHONE	CITY Simi Valley	STATE CA	ZIP CODE 93063	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT) Simi Valley, CA 93062-0300				NAME OF ASSISTANT TREASURER, IF ANY Brandi Marquez			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
CITY Simi Valley	STATE CA	ZIP CODE 93065	AREA CODE/PHONE	CITY Simi Valley	STATE CA	ZIP CODE 93065	AREA CODE/PHONE
COUNTY OF DOMICILE VENTURA	JURISDICTION WHERE COMMITTEE IS ACTIVE SIMI VALLEY			NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>							

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	<u>8/7/2020</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>8/7/2020</u>	By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
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Executed on	_____	By	_____
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