

**Statement of Organization  
Recipient Committee**

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Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California  <b>SEP 09 2019</b>	<b>CALIFORNIA FORM 410</b>  For Official Use Only  <i>R/PA</i>
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Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination _____/_____/_____
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<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**I.D. Number**  
*(if applicable)*

NAME OF COMMITTEE  
**TAXPAYERS AGAINST RECALLING RUTH LUEVANOS**

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**SIMI VALLEY CA 93063**

FULL MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

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

COUNTY OF DOMICILE <b>VENTURA</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>SIMI VALLEY</b>
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NAME OF TREASURER  
**DAWN GRAY**

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**SIMI VALLEY CA 93065**

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S)  
**MICHELLE LAPOINTE**

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
**SIMI VALLEY CA 93063**

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	09/04/19	By	<i>Dawn Gray</i>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	09/04/19	By	<i>Ruth Luevanos</i>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	09/04/19	By	<i>Michelle Lapointe</i>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

Statement Type

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

**CALIFORNIA FORM 410**  
For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i>	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
**TAXPAYERS AGAINST RECALLING RUTH LUEVANOS**

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STREET ADDRESS (NO P.O. BOX)

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>SIMI VALLEY</b>	<b>CA</b>	<b>93063</b>	

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FULL MAILING ADDRESS (IF DIFFERENT)

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

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COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
<b>VENTURA</b>	<b>SIMI VALLEY</b>

NAME OF TREASURER  
**DAWN GRAY**

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STREET ADDRESS (NO P.O. BOX)

---

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>SIMI VALLEY</b>	<b>CA</b>	<b>93065</b>	

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NAME OF ASSISTANT TREASURER, IF ANY

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STREET ADDRESS (NO P.O. BOX)

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CITY	STATE	ZIP CODE	AREA CODE/PHONE

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NAME OF PRINCIPAL OFFICER(S)  
**ZAKIA KATOR**

---

STREET ADDRESS (NO P.O. BOX)

---

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>SIMI VALLEY</b>	<b>CA</b>	<b>93065</b>	

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	<u>09/04/19</u>	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>09/04/19</u>	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	<u>09/04/19</u>	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
TAXPAYERS AGAINST RECALLING RUTH LUEVANOS

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION NOT YET ESTABLISHED	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
RUTH LUEVANOS	CITY COUNCIL SIMI VALLEY	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEMOCRAT
			<input type="checkbox"/>	<input type="checkbox"/>	(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
RECALLING RUTH LUEVANOS	SIMI VALLEY CITY COUNCIL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
TAXPAYERS AGAINST RECALLING RUTH LUEVANOS

I.D. NUMBER

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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.

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VENTURA COUNTY  
ELECTIONS DIVISION

