

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  
or

Date qualification threshold met  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Amendment

Date qualification threshold met  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Termination – See Part 5

Date of termination  
12 / 31 / 2020

Date Stamp  
**RECEIVED**  
JAN 29 2021  
CITY CLERK'S DIVISION  
CITY OF MOORPARK

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

**I.D. Number**  
*(if applicable)*

1431215

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Yuri Yurovski for Moorpark City Council 2020

NAME OF TREASURER

Irina Ivan Yurovski

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Moorpark

STATE

CA

ZIP CODE

93021

AREA CODE/PHONE

[REDACTED]

CITY

Moorppark

STATE

CA

ZIP CODE

93021

AREA CODE/PHONE

[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Yuri Yurovski

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

yurovski.yuri@gmail.com

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

Moorpark

STATE

CA

ZIP CODE

93021

AREA CODE/PHONE

[REDACTED]

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Moorpark

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA 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 12/31/2020 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/31/2020 By [REDACTED]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT