

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Termination – See Part 5
Date qualification threshold met ____/____/____	Date of termination 12/12/18

Date Stamp

**RECEIVED AND FILE**  
In the office of the Secretary of State  
of the State of California

**DEC 17 2018**

**CALIFORNIA FORM 410**  
For Official Use Only

**RECEIVED**

**DEC 27 2018**

CITY CLERK'S DIVISION  
CITY OF MOORPARK

<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  
**DAVID ROSS FOR MOORPARK CITY COUNCIL 2018**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
**MOORPARK CA 93021 [REDACTED]**

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**VENTURA City of MOORPARK**

NAME OF TREASURER  
**RACHEL ROSS**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED] CA 91360 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
**THOUSAND OAKS CA 91360 [REDACTED]**

NAME OF ASSISTANT TREASURER, IF ANY  
**DAVID ROSS**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
**MOORPARK CA 93021 [REDACTED]**

NAME OF PRINCIPAL OFFICER(S)  
**DAVID ROSS**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
**MOORPARK CA 93021 [REDACTED]**

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	12/12/18 <small>DATE</small>	By	<b>Rachel Ross</b> <small>SIGNATURE OF TREASURER OR ASSISTANT TREASURER</small>
Executed on	12/12/18 <small>DATE</small>	By	[Signature] <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____ <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>
Executed on	_____ <small>DATE</small>	By	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>