

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

09 / 09 / 2016

Date qualified as committee

Amendment

List I.D. number:

1390744

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

COPY

orig to Sec. State

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 30 2017

CALIFORNIA 410
FORM
For Official Use Only
RECEIVED
FEB 08 2017
CITY CLERK'S DIVISION
CITY OF MOORPARK

1. Committee Information

NAME OF COMMITTEE

Daniel Groff for City Council 2018

STREET ADDRESS (NO P.O. BOX)

4385 Alder Circle

CITY STATE ZIP CODE AREA CODE/PHONE

Moorpark CA 93021 (805)304-4663

MAILING ADDRESS (IF DIFFERENT)

484 E. Los Angeles Ave. Suite 110 Moorpark, CA 93021

FAX / E-MAIL ADDRESS

805-529-4887 groff4moorpark@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

Moorpark

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Robert Babcock

STREET ADDRESS (NO P.O. BOX)

4256 Hillburn Court

CITY STATE ZIP CODE AREA CODE/PHONE
Moorpark CA 93021 (805)501-3844

NAME OF ASSISTANT TREASURER, IF ANY

Daniel Groff

STREET ADDRESS (NO P.O. BOX)

4385 Alder Circle

CITY STATE ZIP CODE AREA CODE/PHONE
Moorpark CA 93021 (805)517-4675

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 1/27/17 By _____
DATE

Executed on 1/27/17 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

ASSISTANT TREASURER

CANDIDATE, OR STATE MEASURE PROPONENT

CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME
Daniel Groff for City Council 2018

I.D. NUMBER
1390744

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

NAME OF FINANCIAL INSTITUTION Ventura County Credit Unium	AREA CODE/PHONE (805)477-4000	BANK ACCOUNT NUMBER 1751220
ADDRESS 2575 Vista Del Mar Dr	CITY Ventura	STATE ZIP CODE CA 93001

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."
- 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
Daniel Groff	City Council	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>