

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of termination

Date Stamp RECEIVED CITY OF SIMI VALLEY 2018 JUN 18 PM 1:59 OFFICE OF CITY CLERK BY <i>Thy Spang</i>	<b>CALIFORNIA FORM 410</b> For Official Use Only
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
---------------------------------	--------------------------------------------------

NAME OF COMMITTEE  
Wright for City Council 2018

I.D. Number (if applicable)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Simi Valley CA 93063

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Ventura City of Simi Valley

NAME OF TREASURER  
Victoria Catherine Wright

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Simi Valley CA 93063

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
Victoria Catherine Wright

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 06/18/2018 By *Victoria Catherine Wright*  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/18/2018 By *Victoria Catherine Wright*  
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