1424302

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
  ____/____/____

1. Committee Information   I.D. Number *(if applicable)*

NAME OF COMMITTEE

Committee to Recall Ruth Luevanos

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Simi Valley	CA	93065	

FULL MAILING ADDRESS (IF DIFFERENT)
Simi Valley CA 93094

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

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

James Extract

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Simi Valley	CA	93065	

NAME OF ASSISTANT TREASURER, IF ANY

Jennifer Knight

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Simi Valley	CA	93065	

NAME OF PRINCIPAL OFFICER(S)

Joe Piechowski

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Simi Valley	CA	93065	

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 __11/14/19__ By _____
DATE   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on __11-13-2019__ By __Jennifer Knight__
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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Committee to Recall Simi Valley City Councilwoman Ruth Luevanos	

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

NAME OF FINANCIAL INSTITUTION	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		
			Nonpartisan ☐	Partisan ☐	(list political party below)
			Nonpartisan ☐	Partisan ☐	(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
Recall Simi Valley City Councilmember Ruth Luevanos	Councilmember, City of Simi Valley	✓	☐
		☐	☐