

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| ____/____/____ | ____/____/____ | 12 / 29 / 22 |

Date Stamp
 2022 DEC 29 PM 10:03
 CITY OF SIMI VALLEY

CALIFORNIA FORM 410
For Official Use Only

| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
|---|--|---|--|---|--|--|--|
| NAME OF COMMITTEE Glen Becerra for City Council 2014 | | | | NAME OF TREASURER Glen Becerra | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| CITY STATE ZIP CODE AREA CODE/PHONE Simi Valley CA 93063 | | | | CITY STATE ZIP CODE AREA CODE/PHONE Simi Valley CA 93063 | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| CITY STATE ZIP CODE AREA CODE/PHONE | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| COUNTY OF DOMICILE Ventura | | JURISDICTION WHERE COMMITTEE IS ACTIVE City of Simi Valley | | NAME OF PRINCIPAL OFFICER(S) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| CITY STATE ZIP CODE AREA CODE/PHONE | | | | 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 12/29/2022 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/29/2022 By [Signature]
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