

**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 of termination
____/____/____	____/____/____	11 / 30 / 2023

Date Stamp
2024 JAN 18 PM 1:35
CITY OF SIMI VALLEY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number 1435485 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Joe Ayala For Mayor Simi Valley 2022				NAME OF TREASURER Chris Wedge			
STREET ADDRESS (NO P.O. BOX)				CITY Rocklin		STATE CA	ZIP CODE 95765
E-MAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE			
NAME OF ASSISTANT TREASURER, IF ANY Julie Wedge				STREET ADDRESS (NO P.O. BOX)			
CITY Simi Valley		STATE CA	ZIP CODE 93063	CITY Rocklin		STATE CA	ZIP CODE 95765
FULL MAILING ADDRESS (IF DIFFERENT) Simi Valley CA, 93065				E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) ayalaformayor@gmail.com				AREA CODE/PHONE			
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE Simi Valley		NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)				CITY		STATE	ZIP CODE
E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				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 11/18/2023 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/18/2023 By _____
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