Statement of G Recipient Con	_			Date Stamp EIVED AND FILED	CALIFORNIA 410		
Statement Type	☐ Initial ○ Not yet qualified or	☑ Amendment	Termination - See Parts	office of the Secretary of State the State of California	For Official Use Only		
	O Date qualification threshold met	Date qualification threshold met	Date of termination	JUL 15 2024			
	nformation I.D. Numbe			u si loggi			
1. Committee	initalitation (V applicable)	1427876	ATTENDED TO THE PROPERTY OF TH	ther Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER Sandra Fernelius				
Elaine Litster	for Simi Valley City Coun	cil 2024	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
			EMAIL ADDRESS OF TREASURER	/acomeca)	AOTA CODE (NICALE		
STREET ADDRESS (NO P.C	D. BOX)		EMAIL ADDRESS OF TREASURER	(REQUIRED)	AREA CODE/PHONE		
			NAME OF ASSISTANT TREASURE	R, IF ANY			
CITY	STATE	ZIP CODE AREA CODE/PHONE					
			STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
FULL MAILING ADDRESS	(IF DIFFERENT)						
E-MANI ADD DESS OF COA	MMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE		
E-MAIL ADD RESS OF COM	MARTIE THE COMEDY TAX TO HOME		NAME OF BRINGIBAL OFFICERIC				
COUNTY OF DOMICILE	JURISDICTION WHERE C	OMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		-		
Ventur a	Simi Valley		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
Attach additional information on appropriately labeled continuation sheets.			EMAIL ADDRESS OF PRINCIPAL C	EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
THE CONTRACTOR OF THE	normation on appropriately labe	rea communication streets.					
3. Verification		(14. W					
	sonable diligence in preparing thi under the laws of the State of Ca			n contained herein is true and	complete. I certify under		
Executed on	/9/24 By						
7	19/2ch	SIGNATO	URE OF TREASURER OR ASSISTANT TREASURER				
Executed on/	DATE BY	SIGNATURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT			
Executed on	DATE By	SIGNATURE OF CONTROLLIE	NG OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT	_		
Executed on	Ву	SIGNATURE OF CONTROLLU	NG OFFICEHOLDER, CANDIDATE, OR STATE MEAS	LIBE PROPONENT			
	DATE	STATE OF CONTROLLI	Strictory carologic, on state werd		FPPC Form 410 (October/2023)		

2024 JUL 25 AM11:50

Statement of Organization Recipient Committee							ORNIA Z	110		
INSTRUCTIONS ON REVERSE								Page 2		
COMMITTEE NAME Elaine Litster for Simi Valley City Council 2024								1.D. NUMBER 1427876		
All committees must list the financial institution where the can	npaign bank account is I	located and t	the person(s) a	uthorized	to obtain ba	nk records				
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS				AREA CODE/PHONE BA			BANK ACCOUNT NUMBER			
US Bank				1						
ADDRESS OF FINANCIAL INSTITUTION			ley	STATE CA	ZIP CODE 93063					
4. Type of Committee Complete the applicable sections										
<ul> <li>List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if</li> <li>List the political party with which each officeholder or candidate</li> <li>If this committee acts jointly with another controlled committee</li> </ul> NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	any, and the year of the is affiliated or check "no list the name and ident	e election. onpartisan." tification nun	Stating "No par hber of the oth	rty prefere		e.				
Elaine Litster	Elaine Litster for Sin	ni Valley Cit	y Council	2024	Nonpartisan	Partisan	(list political pa	arty below)		
Sandra Fernelius	Treasurer			2024	Nonpartisan	Partisan	(list political party below)			
Primarily Formed Committee Primarily formed to support or op  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		ANDIDATE(S) OFF	S in a single ele ICE SOUGHT OR HE ISTRICT NO., CITY O	LD OR MEASU	RE(S) JURISDICTI	ON	CHEC	K ONE OPPOSE		
							SUPPORT	OPPOSE		

CALIFORNIA 4.4.0

Statement of Organizati Recipient Committee	on					CALIFORNIA FORM	410
COMMITTEE NAME Elaine Litster for Simi Valley (	City Council 2024					I.D. NUMBER 1427876	
4. Type of Committee (Comm	nued)						
General Purpose Committee	Not formed to support or oppose		andidates or measures in a s DUNTY Committee	single election. Check			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY							
Sponsored Committee List	additional sponsors on an attachme	ent.					
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION O	OF SPONSOR			
STREET ADDRESS NO. AND ST	REET	CITY		STATE	ZIP CODE	AREA CODE/PHO	NE
Small Contributor Committee	Date qualified						

- · This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and

5. Termination Requirements

- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.