

Statement of Organization
Efficient Committee

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 3
 Date of termination
 Nov 23, 2022

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 JUL 08 2024

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1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		1448683		NAME OF TREASURER	
Mays Cities for Mayor				Curtis Brown	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
CITY		STATE		EMAIL ADDRESS OF TREASURER (REQUIRED)	
Simi Valley		CA		Simi Valley CA	
ZIP CODE		AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY	
93065					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)	
				CITY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	
Ventura County					
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)	
Ventura County		Simi Valley			
				STREET ADDRESS (NO P.O. BOX)	
				CITY	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	
Attach additional information on appropriately labeled continuation sheets.					

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 am under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05/24/2024 By Curtis Brown
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/24/2024 By Mays Cities
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT