Statement of Organization
Recipient Committee

Statement Type

☑ **Initial**	☐ **Amendment**	☐ **Termination – See Part 5**
● Not yet qualified or		
○ Date qualification threshold met	Date qualification threshold met	Date of termination
_____/_____/_____	_____/_____/_____	_____/_____/_____

CALIFORNIA FORM 410

For Official Use Only

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

NAME OF COMMITTEE
Chris Enegren for Moorpark Mayor 2022

STREET ADDRESS (NO P.O. BOX)
██████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moorpark	CA	93021	████████

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
cenegren@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Moorpark

Attach additional information on appropriately labeled continuation sheets.

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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Chris Enegren

STREET ADDRESS (NO P.O. BOX)
██████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moorpark	CA	93021	████████

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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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	8/5/2022	By	████████████████
	DATE		TREASURER OR ASSISTANT TREASURER
Executed on	8/5/2022	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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Chris Enegren for Moorpark Mayor 2022

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
N/A in process			
ADDRESS	CITY	STATE	ZIP CODE

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)
Chris Enegren	Mayor	2022	✓	☐	
			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 ☐
		SUPPORT ☐	OPPOSE ☐

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov