

**Statement of Organization
Recipient Committee**

COPY

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or

List I.D. number:
0

List I.D. number:
0 1368966

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination
01 / 07 / 2015

Date Stamp

RECEIVED
JAN 09 2014
CITY CLERK'S DIVISION
CITY OF MOORPARK

CALIFORNIA FORM 410
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RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 16 2015

1. Committee Information

NAME OF COMMITTEE
David Pollock for Moorpark City Council 2014

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Moorpark CA 93021 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura City of Moorpark

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Nanci Hoban

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Moorpark CA 93021 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
David Pollock

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Moorpark CA 93021 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in the preparation of 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 California that the information is true and correct.

Executed on 01/07/2015 DATE

Executed on 1/7/2015 DATE

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

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

TREASURER OR ASSISTANT TREASURER

OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

David Pollock for Moorpark City Council 2014

I.D. NUMBER

0 1368966

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo	(805)530-3660	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

4. Type of Committee Complete the applicable sections.

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."
- 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
David Pollock	Councilmember, City of Moorpark	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>