

**Statement of Organization
Recipient Committee**

COPY

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1391362

Termination - See Part 5
List I.D. number:

10 / 03 / 2016
Date qualified as committee

 / /
Date qualified as committee
(If applicable)

 / /
Date of Termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
JAN 27 2017	<i>original to Sec. of State</i>
CITY CLERK'S DIVISION CITY OF MOORPARK	

1. Committee Information

NAME OF COMMITTEE
JEFFREY HIRTH FOR MAYOR COMMITTEE 2018

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

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

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
VENTURA MOORPARK

2. Treasurer and Other Principal Officers

NAME OF TREASURER
JEFFREY HIRTH

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

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

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

Attach additional information on appropriately labeled continuation sheets.

3. Verification

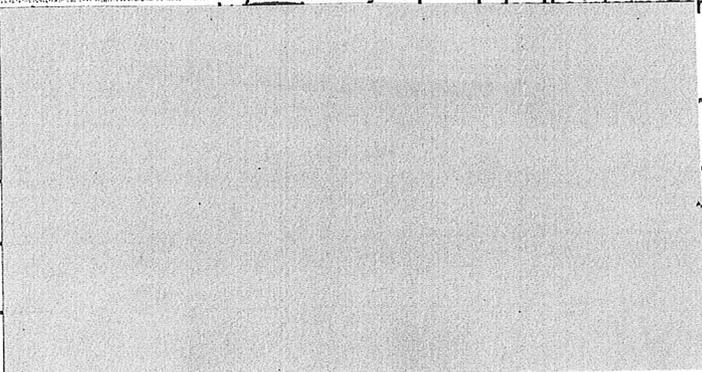
I have used all reasonable diligence in preparing this information contained herein is true and complete. I certify under penalty of perjury under the laws of the State

Executed on 1/26/2017 By _____
DATE

Executed on 1/26/2017 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE



information contained herein is true and complete. I certify under

SURE PROPONENT

SURE PROPONENT

SURE PROPONENT

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INSTRUCTIONS ON REVERSE

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JEFFREY HIRTH FOR MAYOR COMMITTEE 2018

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE 805.530.3660	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
		ZIP CODE [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
JEFFREY HIRTH	MAYOR OF MOORPARK	2018	<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"/>