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 08/17/2026	Date of termination ____/____/____

Date Stamp
RECEIVED
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CITY CLERK'S DIVISION
CITY OF MOORPARK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)* 1493036

NAME OF COMMITTEE
Renee Delgado for Moorpark City Council, District 1, 2026

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
renee@reneeformoorpark.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	Moorpark, Ventura County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Joel R. Price

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[redacted]	Thousand Oaks	CA	91320

EMAIL ADDRESS OF TREASURER (REQUIRED) — AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Renee Delgado

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[redacted]	Moorpark	CA	93021

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) — AREA CODE/PHONE
renee@reneeformoorpark.com [redacted]

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) — AREA CODE/PHONE

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 8/15/26 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on 8/15/26 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Renee Delgado for Moorpark City Council, District 1, 2026	1493036

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Citizen's Business Bank	805 557-7600	[redacted]

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
2663 Townsgate Rd.	Westlake Village	CA	91361

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." 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)
Renee Delgado	Moorpark City Council, District 1	2026	✓		
			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