

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified	<input type="radio"/> Date qualification threshold met	Date of termination
or		11 / 25 / 2020

Date Stamp

RECEIVED
12/11/2020
KAB

CALIFORNIA FORM 410
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1. Committee Information		I.D. Number 1428796 <i>(if applicable)</i>	
NAME OF COMMITTEE Committee to Re-elect Will Berg Port Hueneme City Council 2020			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		NAME OF TREASURER Rebecca B Berg	
CITY Port Hueneme	STATE CA	ZIP CODE 93041	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
[REDACTED]		[REDACTED]	
EMAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) BeckieBerg@ol.com (Closing reelectwillberg2020@gmail.com)		CITY Port Hueneme	
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Port Hueneme	STATE CA	ZIP CODE 93041
NAME OF PRINCIPAL OFFICER(S)		AREA CODE/PHONE	
[REDACTED]		[REDACTED]	
STREET ADDRESS (NO P.O. BOX)		CITY	
[REDACTED]		[REDACTED]	
STATE		ZIP CODE	
[REDACTED]		[REDACTED]	
AREA CODE/PHONE		[REDACTED]	

Attach additional information on appropriately labeled continuation sheets.

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

Executed on	11/25/2020	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	11/25/2020	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT