

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  
Not yet qualified  or

List I.D. number: # 1397089  
Date qualified as committee: 8/24/16  
(if applicable)

Termination - See Part 5  
List I.D. number: # \_\_\_\_\_  
Date of Termination: \_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 410</b>
For Official Use Only	
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California	
SEP 06 2016	SEP 14 2016 <i>0809</i>

**1. Committee Information**  
NAME OF COMMITTEE

Jack Villa for Oxnard City Council 2016  
STREET ADDRESS (NO P.O. BOX)  
653 South F. Street  
CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard, CA 93030 805 832-2522  
MAILING ADDRESS (IF DIFFERENT)  
Same  
FAX / E-MAIL ADDRESS  
jpena7@verizon.net  
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Ventura

**2. Treasurer and Other Principal Officers**  
NAME OF TREASURER

Julia Peña  
STREET ADDRESS (NO P.O. BOX)  
4936 Dolphin Way  
CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard, CA 93035 805-984-2127  
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 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 8-31-16 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on 8-31-16 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
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Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT