

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee
 Date qualified as committee: 07 / 25 / 2017
 Date of termination: _____

Date Stamp
 Received
 Oxnard City Clerk
 2021 JAN 29 PM 5:02

CALIFORNIA FORM 41
 For Official Use Only

1. Committee Information I.D. Number (if applicable) 1397683 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Oxnard United

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 info@oxnardunited.org

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 _____ County of Ventura

NAME OF TREASURER
 Jack Villa

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 Oxnard CA 93030 805-751-6

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
 Jack Villa

STREET ADDRESS (NO P.O. BOX)
 653 S F Street

CITY STATE ZIP CODE AREA CODE/PHONE
 Oxnard CA 93030 805-751-6

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement 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 and correct.

Executed on 1/12/21 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Oxnard United

I.D. NUMBER

1397683

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

NAME OF FINANCIAL INSTITUTION Well Fargo	AREA CODE/PHONE 805-483-8673	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Oxnard	STATE CA	ZIP CODE 93030

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
			<input 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"/>

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Recipient Committee**

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 07 / 25 / 2017
 Date qualified as committee (If amending to provide this date) Date of termination

Date Stamp Received Oxnard City Cl	CALIFORNIA FORM 410
2021 JAN 29 PM 2:09	For Official Use Only

1. Committee Information	I.D. Number (if applicable) 1397683	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Oxnard United

P.O. BOX
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805-751-6268

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
info@oxnardunited.org

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	County of Ventura

NAME OF TREASURER
Jack Villa

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805-751-6268

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Jack Villa

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805-751-6268

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 _____ By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Oxnard United

I.D. NUMBER

1397683

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support and oppose candidates and measures in elections in Ventura County.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
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COMMITTEE NAME

Oxnard United

I.D. NUMBER

1397683

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support and oppose candidates and measures in elections in Ventura County.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

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