Statement of Organization		Date Stamp	CALIF	
Recipient Committee		Oxnard City Cle)ri FO	RM TIU
Statement Type Initial Amendment Ter	rmination - See Part 5			For Official Use Only
O Not yet qualified	disease	2018 AUG 27 PM 2:	58	
or Date qualified as committee	and acceptance and considerate and the second			
Date qualified as committee Dat	te of termination			
1. Committee Information I.D. Number (if applicable) 1409260	2. Treasurer and	Other Principal Office	rs	
NAME OF COMMITTEE	NAME OF TREASURER			
Bert Perello for Oxnard City Council - District 1 (2018)	Bert E. Perello		*	
STREET ADDRESS (NO P.O. BO		Control of the Control of Control		
	2391 Redwing Lane			
STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
2391 Redwing Lane	Oxnard	CA	93036	(805) 240-6194
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IFANY		
Oxnard CA 93036 (805) 240-6194	STREET ADDRESS (NO P.O. BOX)		**************************************	
MAILING ADDRESS (IF DIFFERENT) Same	STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
perello.bert@gmail.com				
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Ventura City of Oxnard				
	STREET ADDRESS (NO P.O. BOX)		***************************************	Canada (Constitution) de la lei de del Brush en de constitution de la constitution de constitu
Attach additional information on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
,	Name was proposed to the control of			PHI NATSANANINE TANKAN NATAHARI SANANINININININININININININININININININI
3. Verification				
I have used all reasonable diligence in preparing this statement and to the best of		ion contained herein is tru	ie and comple	te. I certify under
penalty of perjury under the laws of the State of California that the foregoing is true	ue and correct.			
Executed on August 26, 2018 By Osep I Parello	anderstätting var statistische		MANDAMAN AND THE HERE AND THE STREET STREET, S	
August 26 2018 R 0 C P M	URE OF TREASURER OR ASSISTANT TREASUR	ER		
Executed of By Vice 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NG OFFICEHOLDER, CANDIDATE, OR STATE N	1EASURE PROPONENT	P-MOCESTICATION OF THE PARTY OF	gree.
	, 5, 6, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10			
	NG OFFICEHOLDER, CANDIDATE, OR STATE N	EASURE PROPONENT		
Executed on By				
DATE SIGNATURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT		

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE				and the		FO	ORNIA 4	10
COMMUTTEE NAME	***************************************					D. NUMBER	wastwooners and control or the control of the contr	ISCOMMONOCHOMOSOMOSOMOSOMOSOMOSOMOSOMOSOMOSOMOSOMO
Perello for Oxnard City Council - District 1 (2018)						1409260		
All committees must list the financial institution where the campaign	bank accoun	t is located.						
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOU	JNT NUMBER		болгинатива лиотоннымучч		Marriagi marriaga ng dinawagi sa kata
Bank of America	(805)	278-4508	Redacted	l				
ADDRESS	CITY	**************************************	STATE	ZII	CODE	*	4852 de tot delignen i uni usus co population de equipate à place du de level public à jument dans un	nie iški mandataluma
1855 North Oxnard Boulevard	Oxna	ırd	CA	9	3030			
4. Type of Committee Complete the applicable sections.								
Controlled Committee								
• List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.	e measure p	proponent. If candid	late or officeholder o	controlled,	also list the ele	ctive offi	ce sought or held	d, and
• List the political party with which each officeholder or candidate	e is affiliated	or check "nonpartis	an." Stating "No par	ty preferer	ce" is acceptab	ole.		
If this committee acts jointly with another controlled committee	e, list the na	me and identification	number of the othe	er controlle	d committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)		YEAR OF ELECTION	CHECK	PARTY CHECK ONE			
Bert E. Perello		Member, Oxnard City Council - District 1		2018	Nonpartisan	Partisan	(list political party b	elow)
					Nonpartisan	Partisan	(list political party be	elow)
Primarily Formed Committee Primarily formed to support or	oppose spec	cific candidates or m	easures in a single el	ection. List	below:		no desar esta de polymenta de la companya de la comp	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L			E(S) OFFICE SOUGHT OR HI		4			
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.			CLUDE DISTRICT NO., CITY			MANUTUM MUQUAN IN MA	CHECK O	agada ta an da maka pana pana pana pana pa
							SUPPORT	OPPOSE
						i i i i i i i i i i i i i i i i i i i	SUPPORT	OPPOSE

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