

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

For Official Use Only

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

Date Stamp
7/6/16 Rd.
via email.

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)

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

Jpena7@verizon.net

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Julie Peña

STREET ADDRESS

4936 Dolphin Way
CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93035 (805) 984-2127

NAME OF ASSISTANT TREASURER, IF ANY

NONE

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE 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 6-30-16
DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6-30-16
DATE

By X [Signature] 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

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Jack Villa for Oxnard City Council 2016

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 "non-partisan."
- 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
Jack Villa	City Council member	2016	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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