

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp Received Oxnard City Clerk	CALIFORNIA FORM 460
2016 DEC -6 PM 2:46	Page <u>1</u> of <u>4</u>
For Official Use Only	

Statement covers period from <u>Oct. 23, 2016</u> through <u>12/01/16</u>	Date of election if applicable: (Month, Day, Year) <u>11/8/16</u>
---------------------------------------------------------------------------------	----------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 6)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1387088

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

jpena7@verizon.net

Treasurer(s)

NAME OF TREASURER

Julle Pena

MAILING ADDRESS

4936 Dolphin Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	805-984-2127

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 12/6/16
Date

Executed on 12/6/16
Date

Executed on _____
Date

Executed on _____
Date

By Julle Pena
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Received
Oxnard City Clerk

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

2016 DEC -6 PM 2: 46

Statement covers period from <u>Oct. 23, 2016</u>	CALIFORNIA FORM 460
through <u>12/01/16</u>	
Page <u>2</u> of <u>4</u>	I.D. NUMBER 1387088

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jack Villa for Oxnard City Council 2016

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u> --0-</u>	\$ <u> 2479.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u> -0-</u>	\$ <u> 3000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u> -0-</u>	\$ <u> 5479.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u> -0-</u>	\$ <u> -0-</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ <u> -0-</u>	\$ <u> 5479.00</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u> -0-</u>	\$ <u> -0-</u>
21. Expenditures Made	\$ <u> -0-</u>	\$ <u> -0-</u>

WLA

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u> 712.06</u>	\$ <u> 5479.00</u>
7. Loans Made..... Schedule H, Line 3	\$ <u> -0-</u>	\$ <u> -0-</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u> 712.06</u>	\$ <u> 5479.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u> -0-</u>	\$ <u> -0-</u>
10. Nonmonetary Adjustment..... Schedule G, Line 3	\$ <u> -0-</u>	\$ <u> -0-</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u> 712.06</u>	\$ <u> 5479.00</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u> / / </u>	\$ <u> -0-</u>
<u> / / </u>	\$ <u> -0-</u>

WLA

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u> 712.06</u>
13. Cash Receipts Column A, Line 3 above	\$ <u> -0-</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u> -0-</u>
15. Cash Payments Column A, Line 8 above	\$ <u> 712.06</u>
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ <u> -0-</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u> -0-</u>
------------------------------------------------------	-------------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u> -0-</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u> -0-</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Received
Oxnard City Clerk

Statement covers period from <u>Oct. 23, 2016</u> through <u>12/01/16</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>
I.D. NUMBER 1387088	

SEE INSTRUCTIONS ON REVERSE

2016 DEC -6 PM 2: 46

NAME OF FILER

Jack Villa

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jack Villa 353 South F Street Oxnard, CA 93030 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired-USPO	\$ 3000.00	\$ -0-	<input checked="" type="checkbox"/> PAID \$ 8.11 <input checked="" type="checkbox"/> FORGIVEN \$ 2991.89	\$ -0- DATE DUE	-0- % RATE	\$ 3000.00 08/24/16 DATE INCURRED	CALENDAR YEAR \$ 3000.00 PER ELECTION** \$ 3000.00
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$	\$ 3000.00	\$ -0-	\$ -0-	\$ -0-		

Schedule B Summary

- Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 3000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ -3000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

11/28/2016
FPPC Form 460 (Jan/2016)

**Schedule E
Payments Made**

Received
Oxnard City Clerk

Amounts may be rounded
to whole dollars.

Statement covers period from <u>Oct. 23, 2016</u> through <u>12/01/16</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>4</u>
	I.D. NUMBER 1387088

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

2016 DEC -6 PM 2:46

Jack Villa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G Force Printing 3401 W. Fifth Street #120 Oxnard, CA 93035	LIT		515.00
Facebook Facebook.com	WEB		142.93

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	657.93
2. Unitemized payments made this period of under \$100	\$	54.13
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	-0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	712.06