

50  
**Statement of Organization  
 Recipient Committee**

STATEMENT OF ORGANIZATION

Type or print in ink

Statement Type  Initial  
 Not yet qualified  or  
 \_\_\_\_\_  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # 1343185  
 \_\_\_\_\_  
 Date qualified as committee  
 (If applicable)  
4, 8, 2013

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

Date Stamp	CALIFORNIA FORM 410
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California	For Official Use Only
APR 10 2013	2013 APR 25 P 12:37

**1. Committee Information**

NAME OF COMMITTEE  
Bert Perello City Council 2013

STREET ADDRESS (NO P.O. BOX)  
2391 REDWING LANE

CITY STATE ZIP CODE AREA CODE/PHONE  
OXNARD CA 93036-6141 805-988-6141

MAILING ADDRESS (IF DIFFERENT)  
P.O. Box 6751, Oxnard, CA 93031

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
VENTURA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
JOHN TOLIAN

STREET ADDRESS (NO P.O. BOX)  
2322 NORTHSTAR WAY

CITY STATE ZIP CODE AREA CODE/PHONE  
OXNARD CA 93036-6264 805-248-3640

NAME OF ASSISTANT TREASURER, IF ANY  
BERT PERELLO

STREET ADDRESS (NO P.O. BOX)  
2391 REDWING LANE

CITY STATE ZIP CODE AREA CODE/PHONE  
OXNARD, CA 93036-6141 805-988-6141

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 4-8-13 DATE  
 Executed on 4-8-13 DATE  
 Executed on \_\_\_\_\_ DATE  
 Executed on \_\_\_\_\_ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 By Bert E. Perello SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (April/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

BERT PERELLO CITY COUNCIL 2013

1343185

**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
BERT PERELLO	City Council Oxnard CA.	2013	<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
VENTURA COUNTY CREDIT UNION	805-477-4000	1412220
ADDRESS	CITY	STATE ZIP CODE
6026 TELEPHONE ROAD	VENTURA	CA 93006

**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