

**Statement of Organization
Recipient Committee**

Statement Type **Initial** **Amendment** **Termination – See Part 5**

Not yet qualified or List I.D. number: _____ List I.D. number: _____

_____/_____/_____ # _____ # _____

Date qualified as committee Date qualified as committee Date of Termination
(If applicable)

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

2014 SEP - 3 P 5:39

Sent to secretary of State 8/24/14

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Perello for Oxnard City Council - 2014

STREET ADDRESS (NO P.O. BOX)
2391 Redwing Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805)240-6194

MAILING ADDRESS (IF DIFFERENT)
792 Corsicana Drive, Oxnard, CA 93036

FAX / E-MAIL ADDRESS
Zoodudemmm@msn.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	City of Oxnard

NAME OF TREASURER
Michael John Miller

STREET ADDRESS (NO P.O. BOX)
792 Corsicana Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805)832-5148

NAME OF ASSISTANT TREASURER, IF ANY
Bert E. Perello

STREET ADDRESS (NO P.O. BOX)
2391 Redwing lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805)240-6194

NAME OF PRINCIPAL OFFICER(S)

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 8/24/14 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/24/14 By Bert E. Perello
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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I.D. NUMBER

COMMITTEE NAME
Perello for Oxnard City Council - 2014

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

NAME OF FINANCIAL INSTITUTION Ventura County Credit Union	AREA CODE/PHONE (805)477-4000	BANK ACCOUNT NUMBER 0152621001
ADDRESS P.O. Box 6920	CITY Ventura	STATE ZIP CODE CA 93003

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
Bert E. Perello	Member, Oxnard City Council	2014	<input checked="" 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
N/A		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Perello for Oxnard City Council - 2014

I.D. NUMBER

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

N/A

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.