Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5
Not yet qualified ☐  or ☐
List I.D. number:
# 1370723
#

Date qualified as committee
09 04 2014

Termination - See Part 5

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Perello for Oxnard City Council - 2014

STREET ADDRESS (NO P.O. BOX)
2391 Redwing Lane
Oxnard, CA 93036 (805)240-6194

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

FAX / E-MAIL ADDRESS
Zoodudem@msn.com

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

NAME OF TREASURER
Michael John Miller

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

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 CONTROLLING OFFICER(s)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael John Miller

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

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)832-5148

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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 9-11-14 By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

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FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Perello for Oxnard City Council - 2014

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura County Federal Credit Union</td>
<td>(805)477-4000</td>
<td>0152621001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 6920</td>
<td>Ventura</td>
<td>CA</td>
<td>93003</td>
</tr>
</tbody>
</table>

### Type of Committee

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bert E. Perello</td>
<td>Member, Oxnard City Council</td>
<td>2014</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>SUPPORT</td>
<td>O</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

<table>
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<tr>
<th>COMMITTEE NAME</th>
<th>Perello for Oxnard City Council - 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY COMMITTEE</td>
<td>☐ CITY Committee ➢ COUNTY Committee ☐ STAT!:: Committee</td>
</tr>
</tbody>
</table>

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

N/A

List additional sponsors on an attachment.

NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR
-----------------|---------------------------------------------------
N/A              |                                                   |

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.

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