

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

137023

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

1370723 2015 AUG -3 P 4: 36

06/30/2015

Date of Termination

Date Stamp

CITY OF OXNARD
CITY CLERK

**CALIFORNIA
FORM 410**

For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

AUG 17 2015

1. Committee Information

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

Zoodudem@msn.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Ventura

City of Oxnard

2. Treasurer and Other Principal Officers

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)

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 07/30/2015

DATE

By Bert E Perello

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/30/2015

DATE

By Bert E Perello

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

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov