Statement of Organization
Recipient Committee

Type or print in ink

Statement Type □ Initial
Not yet qualified □ or □ Amendment
List I.D. number:
# __________________________

☐ Termination – See Part 5
List I.D. number:
# 1343185

Date Stamp
CITY OF OXNARD
2013 JUL 31 A 11:28

1. Committee Information
NAME OF COMMITTEE
BERT PERELLO CITY COUNCIL 2013

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

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

MAILING ADDRESS (IF DIFFERENT)
P.O. BOX 6751, OXNARD, CA 93031

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

2. Treasurer and Other Principal Officers
NAME OF TREASURER
JOHN TOLIAN

STREET ADDRESS
2322 NORTHSTAR WAY

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

NAME OF ASSISTANT TREASURER, IF ANY
BERT PERELLO

STREET ADDRESS
2391 REDWING LANE

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 __________________________

DATE

By __________________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on __________________________

DATE

By __________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________________

DATE

By __________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on __________________________

DATE

By __________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
BERT PERELLO CITY COUNCIL 2013

I.D. NUMBER
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.

<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 PERELLO</td>
<td>CITY COUNCIL OXNARD CA</td>
<td>2013</td>
<td>☑ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<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 CREDIT UNION</td>
<td>805/4774000</td>
<td>1412220</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>6026 TELEPHONE ROAD</td>
<td>VENTURA</td>
<td>CA</td>
<td>93008</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>✔️ Support</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td>✔️ Oppose</td>
</tr>
</tbody>
</table>

FPPC Form 410 (January/05)
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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
BERT PERELLO CITY COUNCIL 2013

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

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

Small Contributor Committee ☐ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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 85519.