Statement of Organization
Recipient Committee

Statement Type: Initial
Not yet qualified

Type or print in ink

Statement of Organization
Committee

Statement Type: Initial
Not yet qualified

Type or print in ink

Date qualified as committee:

Date qualified as committee (if applicable):

Date of Termination:

Termination - See Part 5

List I.D. number:

List I.D. number:

Amendment

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

JUL 1, 2016
Jul 27 2016

FPPC Form 410
CALIFORNIA
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Jack Villa for Oxnard City Council 2016

STREET ADDRESS:

453 South F Street

CITY:

Oxnard

STATE:

CA.

ZIP CODE:

93035

AREA CODE/PHONE:

(805) 882-2522

MAILING ADDRESS (IF DIFFERENT):

N/A

OPTIONAL: FAX/E-MAIL ADDRESS

jen@verizon.net

COUNTY OF DOMICILE:

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Julie Pen

STREET ADDRESS:

4936 Dolphin Way

CITY:

Oxnard

STATE:

CA.

ZIP CODE:

93035

AREA CODE/PHONE:

(805) 984-2127

NAME OF ASSISTANT TREASURER, IF ANY:

NONE

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

AREA CODE/PHONE:

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 6-30-16

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6-30-16

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

FPPC Form 410 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-5772)
**Statement of Organization**  
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**Recipient Name**

Jack Villa for Oxnard City Council 2016

**4. Type of Committee**  Complete the applicable sections.

- **Controlled Committee**
  - List the name of each controlling officerholder, candidate, or state measure proponent. If candidate or officerholder 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 officerholder 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/OFFICERHOLDER</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>Jack Villa</td>
<td>City Council member</td>
<td>2016</td>
<td>☑ Non-Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Jointly Focused 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>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>