Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
Rockville for Oxnard City Council 2016

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Julie Pena

STREET ADDRESS (NO PO. BOX)
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 (NO PO. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER

STREET ADDRESS (NO PO. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OR CITY WHERE COMMITTEE IS ACTIVE
Ventura

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 8-3-16
By

Signature of Treasurer or Assistant Treasurer

Executed on 8-3-16
By

Signature of Controlling Director(s), Candidate, or State Measure Proponent

Executed on
By

Signature of Controlling Director(s), Candidate, or State Measure Proponent

Executed on
By

Signature of Controlling Director(s), Candidate, or State Measure Proponent

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (888/578-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Jack Villa for Oxnard City Council 2016

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

NAME OF FINANCIAL INSTITUTION
Wells Fargo Bank

ADDRESS
533 W. Channel Islands Blvd, Port Hueneme CA 93041

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT

Jack R. Villa

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)
City Council member

YEAR OF ELECTION
2016

PARTY
Nonpartisan

Nonpartisan

Primarily formed committees
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)

SUPPORT

OPPOSE

SUPPORT

OPPOSE

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/878-8778)
www.fppc.ca.gov