

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

1387088

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date qualified as committee

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

_____/_____/_____
Date of Termination

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

**CALIFORNIA
FORM 410**
For Official Use Only

AUG 08 2016
AUG 22 2016
City Clerk mt

1. Committee Information
NAME OF COMMITTEE

Jack Villa For Oxnard City Council 2016

653 South F Street 805-832-0522

Oxnard CA 93030

N/A

pena7@verizon.net

Ventura

2. Treasurer and Other Principal Officers
NAME OF TREASURER

Julie Pena

4936 Dolphin Way

Oxnard, CA 93035 805-984-2127

None

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 8-3-16 By Julie Pena
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-3-16 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

LB NUMBER

1387088

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

AREA CODE/PHONE

805-382-8900

BANK ACCOUNT NUMBER

7325753841

ADDRESS

533 W. Channel Islands Blvd, Port Huenele CA, 93041

CITY

ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officer/holder, candidate, or state measure proponent. If candidate or officer/holder 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 officer/holder 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.

NAME OF CANDIDATE/OFFICER/HOLDER/STATE MEASURE PROPONENT

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 Committee

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)

CHECK ONE
SUPPORT

SUPPORT OPPOSE