Statement of Organization
Recipient Committee

Statement Type: Initial

1. Committee Information
NAME OF COMMITTEE: Jack Villa for Oxnard City Council 2016

STREET ADDRESS (NO PO. BOX): 453 South F. Street

CITY: Oxnard
STATE: CA
ZIP CODE: 93030
AREA CODE/PHONE: 805-832-2522

MAILING ADDRESS (IF DIFFERENT): Same

FAX/EMAIL ADDRESS: penaj@verizon.net

COUNTY OF Domicile: Ventura

Jurisdiction Where Committee is Active:

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: 805-959-2127

NAME OF ASSISTANT TREASURER, IF ANY:

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:

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: 8-31-16
By:

Executed on: 8-31-16
By:

Executed on: Date
By:

Executed on: Date
By:

FPPC Form 410 (Jan/2016)
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