Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   ☑ Officeholder, Candidate Controlled Committee
   ☑ State Candidate Election Committee
   ☑ Recall
   (Also Complete Part 5)
   ☐ General Purpose Committee
   ☑ Sponsored
   ☐ Small Contributor Committee
   ☐ Political Party/Central Committee
   ☑ Primarily Formed Ballot Measure Committee
   ☑ Controlled
   ☐ Sponsored
   (Also Complete Part 6)
   ☑ Primarily Formed Candidate/Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:
   ☑ Reelection Statement
   ☐ Quarterly Statement
   ☐ Semi-annual Statement
   ☐ Special Odd-Year Report
   ☐ Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Jack Villa for Oxnard City Council 2016

   STREET ADDRESS (NO P.O. BOX)
   653 South F Street
   Oxnard
   Mailing Address
   4936 Dolphin Way
   Oxnard

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   n/a
   CITY STATE ZIP CODE AREA CODE/PHONE
   Oxnard CA 93035 805-984-21127

   NAME OF TREASURER
   Julie Pena

   NAME OF ASSISTANT TREASURER, IF ANY
   n/a

   OPTIONAL: FAX / E-MAIL ADDRESS
   jpena7@verizon.net

4. Verification

   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10-26-16
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on 10-26-16
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Jack Villa</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City Council Member</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>653 South F Street, Oxnard, CA 93030</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Schedule</th>
<th>Amount (Currency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>A, Line 3</td>
<td>$475.00</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>A, Line 2</td>
<td>$475.00</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>A, Line 4</td>
<td>$475.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Schedule</th>
<th>Amount (Currency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>E, Line 4</td>
<td>$567.30</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>A, Line 6</td>
<td>$567.30</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>R, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>A, Line 10</td>
<td>$567.30</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount (Currency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Beginning Cash Balance</td>
<td>$804.36</td>
</tr>
<tr>
<td>13</td>
<td>Cash Receipts</td>
<td>$475.00</td>
</tr>
<tr>
<td>14</td>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>15</td>
<td>Cash Payments</td>
<td>$567.30</td>
</tr>
<tr>
<td>16</td>
<td>ENDING CASH BALANCE</td>
<td>$712.06</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount (Currency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>19</td>
<td>Outstanding Debts</td>
<td>$3000.00</td>
</tr>
</tbody>
</table>

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount (Currency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Contributions Received</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Expenditures Made</td>
<td></td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount (Currency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cumulative Expenditures Made*</td>
<td></td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*
### Schedule A Summary

1. Amount received this period — itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 325.00
2. Amount received this period — unitemized monetary contributions of less than $100 ........... $ 150.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 475.00

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**NOTE:**
- **IND** = Individual
- **COM** = Recipient Committee (other than PTY or SCC)
- **OTH** = Other (e.g., business entity)
- **PTY** = Political Party
- **SCC** = Small Contributor Committee

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**FPPC Form 460 (Jan/2016)**  
**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
<th>(l)</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Villa 653 South F Street Oxnard, CA 93030</td>
<td>Retired</td>
<td>$3000.00</td>
<td>$-</td>
<td>$3000.00</td>
<td>$-</td>
<td>$-</td>
<td>11-10-16</td>
<td>8-24-16</td>
<td>$3000.00</td>
<td>$3000.00</td>
<td>$3000.00</td>
<td>CALENDAR YEAR</td>
<td></td>
</tr>
<tr>
<td>IND</td>
<td>COM</td>
<td>OTH</td>
<td>PTY</td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B Summary
1. Loans received this period .................................................. $0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ....................................... $0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ............ $0
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.
**Schedule E Payments Made**

**NAME OF FILER**

Jack Villa

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND Independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAS radio airtime and production costs
- RAD returned contributions
- SAL campaign workers' salaries
- TEL T.V. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VCT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vida Newspaper</td>
<td>PRT</td>
<td></td>
<td>350.00</td>
</tr>
<tr>
<td>130 Palm Dr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 350.00
2. Unitemized payments made this period of under $100 .......................................................... $ 217.30
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). ........................................... $ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................. TOTAL $ 567.30

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