

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

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

Termination - See Part 5

List I.D. number:

1387088

12/01/16
Date of Termination

Date Stamp
Received
Oxnard City Clerk

2016 DEC -6 PM 2: 46

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Jack Villa for Oxnard City Council 2016

STREET ADDRESS (NO P.O. BOX)

653 South F Street

CITY

Oxnard,

STATE

CA

ZIP CODE

93030

AREA CODE/PHONE

805-832-2522

MAILING ADDRESS (IF DIFFERENT)

N/A

FAX / E-MAIL ADDRESS

jpena7@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 P.O. BOX)

4936 Dolphin Way

CITY

Oxnard, CA, 93035

STATE

ZIP CODE

AREA CODE/PHONE

805-984-2127

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

CITY

J

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

12/6/16
DATE

By

Julie Pena
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

12/6/16
DATE

By

[Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT