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: #

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

STREET ADDRESS (NO P.O. BOX)
653 South F Street 805-832-2522
Oxnard, CA 93030

NAME OR 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 805-984-2127
Oxnard, CA 93035

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX)

NAME OF PRINCIPAL OFFICER(S)

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 12/16/16 By

Executed on 12/16/16 By

Executed on By

Executed on By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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Attach additional information on appropriately labeled continuation sheets.