Recipient Committee
Campaign Statement
Cover Page

Statement covers period from Oct. 23, 2016 through 12/31/16
Date of election if applicable: (Month, Day, Year) 2016 DEC 6 PM 2:46

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officerholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part 6)
   - [ ] 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/Officerholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Term Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1387088
   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
   CITY STATE ZIP CODE AREA CODE/PHONE
   Oxnard CA 93030 805-832-2522
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   MAILING ADDRESS
   CITY STATE ZIP CODE AREA CODE/PHONE
   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 12/6/16
By
Signature of Treasurer or Assistant Treasurer

Executed on 12/8/16
By
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Official of Sponsor

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

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/279-3772)
www.fppc.ca.gov
Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>Schedule A, Line 3</th>
<th>$-0-</th>
<th>$2479.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$-0-</td>
<td>$3000.00</td>
</tr>
<tr>
<td>J. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$-0-</td>
<td>$5479.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$-0-</td>
<td>$-0-</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$-0-</td>
<td>$5479.00</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>6. Payments Made</th>
<th>Schedule E, Line 4</th>
<th>$712.06</th>
<th>$5479.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$-0-</td>
<td>$-0-</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$712.06</td>
<td>$5479.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$-0-</td>
<td>$-0-</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$-0-</td>
<td>$-0-</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$712.06</td>
<td>$5479.00</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>12. Beginning Cash Balance</th>
<th>Previous Summary Page, Line 16</th>
<th>$712.06</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$-0-</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$-0-</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$712.06</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 16</td>
<td>$-0-</td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>18. Cash Equivalents</th>
<th>See instructions on reverse</th>
<th>$-0-</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$-0-</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>20. Contributions Received</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>22. Cumulative Expenditures Made*</th>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
</table>

*Amounts in this section may be different from amounts reported in Column B.
Schedule B - Part 1
Loans Received

Received
Oxnard City Clerk

NAME OF FILER
Jack Villa

FULL NAME, STREET ADDRESS AND ZIP CODE
OF LENDER
Jack Villa
553 South F Street
Oxnard, CA 93030

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
Retired-USPO

OUTSTANDING
BALANCE BEGINNING THIS PERIOD $3,000.00
AMOUNT PAID OR FORGIVEN THIS PERIOD $8.11
AMOUNT PAID $ -0-
FORGIVEN $ -0-
OUTSTANDING
BALANCE AT CLOSE OF THIS PERIOD $2,991.89
INTEREST
PAID THIS PERIOD
DATE DUE
DATE INQUIRED

8/24/16

ORIGINAL
AMOUNT OF LOAN $3,000.00
CALENDARYEAR

PER ELECTION** $3,000.00

PER ELECTION** $3,000.00

PER ELECTION** $3,000.00

SUBTOTALS $ 3,000.00 $ 0- $ 0-

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

   $ 0-

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

   $ 3,000.00

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

   NET $ -3,000.00

   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
**If required.
<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>G Force Printing</td>
<td>LIT</td>
<td></td>
<td>515.00</td>
</tr>
<tr>
<td>3401 W. Fifth Street #120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93035</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facebook</td>
<td>WEB</td>
<td></td>
<td>142.93</td>
</tr>
<tr>
<td>Facebook.com</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.) $ 657.93
2. Unitemized payments made this period of under $100 $ 54.13
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 $ 712.06