Statement of Organization
Recipient Committee
Statement Type: Amendment

1. Committee Information
   NAME OF COMMITTEE: Bert Perello for Oxnard City Council - District 1 (2018)

   STREET ADDRESS (NO P.O. BOX): 2391 Redwing Lane
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: (805) 240-6194

   MAILING ADDRESS [IF DIFFERENT]: Same
   E-MAIL ADDRESS [REQUIRED] / TAX [OPTIONAL]: perello.ber@gmail.com

   COUNTY OF DOMICILE: Ventura
   JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Oxnard

   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: Bert E. Perello
   STREET ADDRESS (NO P.O. BOX): 2391 Redwing Lane
   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: (805) 240-6194

   NAME OF ASSISTANT TREASURER, IF ANY:

   STREET ADDRESS (NO P.O. BOX):

   CITY:
   STATE:
   ZIP CODE:
   AREA CODE/PHONE:

   NAME OF PRINCIPAL OFFICER(S):

   STREET ADDRESS (NO P.O. 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 August 9, 2018
   By Bert E. Perello
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on August 9, 2018
   By Bert E. Perello
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

   Executed on
   By
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

   Executed on
   By
   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

   FPPC Form 410 (February/2018)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
**Statement of Organization**  
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Bert Perello for Oxnard City Council - District 1 (2018)

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>(805) 278-4508</td>
<td>Redacted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1855 North Oxnard Boulevard</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
</tr>
</tbody>
</table>

### 4. Type of Committee

- Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bert E. Perello</td>
<td>Member, Oxnard City Council - District 1</td>
<td>2018</td>
<td>✓</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

- Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURES FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<td></td>
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<td>SUPPORT</td>
</tr>
</tbody>
</table>

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