

**Statement of Organization
Recipient Committee**

Statement Type Initial *RP*

Amendment

Termination - See Part 5

Not yet qualified
or

Date qualified as committee

8 / 9 / 18

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date of termination

Received
Oxnard City Clerk

2018 AUG -9 PM 5:18

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
--------------------------	---

I.D. Number
(if applicable)

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

STREET ADDRESS (NO P.O. BOX)
2391 Redwing Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805) 240-6194

MAILING ADDRESS (IF DIFFERENT)
Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
perello.bert@gmail.com

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

NAME OF TREASURER
Bert E. Perello

STREET ADDRESS (NO P.O. BOX)
2391 Redwing Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(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

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 August 9, 2018 By Bert E Perello
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Bert Perello for Oxnard City Council - District 1 (2018)	Page 2 I.D. NUMBER
---	-----------------------

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (805) 278-4508	BANK ACCOUNT NUMBER Redacted
ADDRESS 1855 North Oxnard Boulevard	CITY Oxnard	STATE CA
		ZIP CODE 93030

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Bert E. Perello	Member, Oxnard City Council - District 1	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>