

Statement of Organization
Recipient Committee

Received
Oxnard City Clerk
1409260

Statement Type

Initial

Not yet qualified
or

Date qualified as committee

8 / 9 / 18

Amendment

Termination - See Part 5

2018 SEP -6 PM 4:15

Date qualified as committee

Date of termination

Date Stamp
Oxnard City
RECEIVED AND FILED: 31
In the office of the Secretary of State
of the State of California
AUG 13 2018
R/27

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

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

Oxnard

STATE

CA

ZIP CODE

93036

AREA CODE/PHONE

(805) 240-6194

MAILING ADDRESS (IF DIFFERENT)

Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

perello.bert@gmail.com

COUNTY OF DOMICILE

Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Oxnard

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

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) | 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 PROONENT | 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"/> | (list political party below) |

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"/> |