

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____/_____/_____
 8 / 9 / 18 Date qualified as committee 6 / 30 / 19 Date of termination

Date Stamp Received Oxnard City Clo 2019 JUL 31 PM 5:40	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number 1409260
(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 July 31, 2019 By Bert E Perello
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 31, 2019 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