Statement of Organization Recipient Committee

Statement Type  □ Initial
                 ○ Not yet qualified
                 ● Date qualified as committee

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

2. Treasurer and Other Principal Officers

   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

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  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on July 31, 2019  By Bert E. Perello  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

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

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

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

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov