

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____


Date Stamp  
Oxnard City Clerk  
2020 AUG -4 PM 5:19

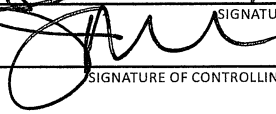
**CALIFORNIA  
FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Jack Villa for Oxnard City Council 2020</b>				NAME OF TREASURER <b>Amanda Pentland</b>			
STREET ADDRESS (NO P.O. BOX) <b>653 South F St</b>				STREET ADDRESS (NO P.O. BOX) <b>653 South F St.</b>			
CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>	AREA CODE/PHONE <b>805-832-2522</b>	CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>	AREA CODE/PHONE <b>805-336-5718</b>
FULL MAILING ADDRESS (IF DIFFERENT) <b>N/A</b>				NAME OF ASSISTANT TREASURER, IF ANY <b>N/A</b>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>jvillatnight@yahoo.com</b>				STREET ADDRESS (NO P.O. BOX) <b>N/A</b>			
COUNTY OF DOMICILE <b>Ventura</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Oxnard</b>			NAME OF PRINCIPAL OFFICER(S) <b>Jack Villa</b>			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) <b>653 South F St</b>			
				CITY <b>Oxnard</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>	AREA CODE/PHONE <b>805-932-2522</b>

**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 8/1/2020 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/1/2020 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <b>Jack Villa for Oxnard City Council 2020</b>	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Pending</b>	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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**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	PARTY CHECK ONE		(list political party below)
<b>Jack Villa</b>	<b>Oxnard City Council 4<sup>th</sup> District 2020</b>		<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	

**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
		SUPPORT	OPPOSE

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FORM 410

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COMMITTEE NAME  
*Jack Villa for Oxnard City Council 2020*

I.D. NUMBER

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee
- COUNTY Committee
- STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or onent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.