

Statement of Organization  
Recipient Committee

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Oxnard City Clerk  
Oxnard City Clerk

CALIFORNIA FORM 410

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  
2020 SEP 15 PM 3:46  
2020 AUG -4 PM 5:19

For Official Use Only

<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number <i>(if applicable)</i>		FILED of the Secretary of State of the State of California AUG 10 2020	
NAME OF COMMITTEE Jack Villa for Oxnard City Council 2020		NAME OF TREASURER Amanda Pentland	
STREET ADDRESS (NO P.O. BOX) 653 South F St		STREET ADDRESS (NO P.O. BOX) 653 South F St.	
CITY Oxnard	STATE CA	CITY Oxnard	STATE CA
ZIP CODE 93030	AREA CODE/PHONE 805-832-2522	ZIP CODE 93030	AREA CODE/PHONE 805-336-5718
FULL MAILING ADDRESS (IF DIFFERENT) N/A		NAME OF ASSISTANT TREASURER, IF ANY N/A	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jvillatnight@yahoo.com		STREET ADDRESS (NO P.O. BOX) N/A	
CITY Oxnard	STATE CA	CITY N/A	STATE N/A
ZIP CODE 93030	AREA CODE/PHONE 805-832-2522	ZIP CODE N/A	AREA CODE/PHONE N/A
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard	NAME OF PRINCIPAL OFFICER(S) Jack Villa	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX) 653 South F St	
		CITY Oxnard	STATE CA
		ZIP CODE 93030	AREA CODE/PHONE 805-932-2522

**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 Redacted  
 Executed on 9/1/2020 By Redacted  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

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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		
<b>Jack Villa</b>	<b>Oxnard City Council 4<sup>th</sup> District</b>	<b>2020</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE

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COMMITTEE NAME

Jack Villa for Oxnard City Council 2020

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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 ponent 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.