Recipient Committee Campaign Statement Cover Page

Statement covers period
from 7/1/2020
through 9/19/2020
Date of election if applicable:
(Month, Day, Year)
2020 SEP 24 PM 5:32
Redacted
Redacted
Redacted
Redacted

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - [ ] Pre-election Statement
   - [X] Semi-annual Statement
   - [ ] Termination Statement
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report

3. Committee Information
   I.D. NUMBER 1429526
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Jack Villa for Oxnard City Council 2020
   STREET ADDRESS (NO P.O. BOX)
   653 South F St
   CITY Oxnard
   STATE CA
   ZIP CODE 93030
   AREA CODE/PHONE 805-832-2522
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   OPTIONAL: FAX / E-MAIL ADDRESS
   jwill@zzi.com
   NAME OF TREASURER
   Amanda Pentland
   MAILING ADDRESS
   653 South F St
   CITY Oxnard
   STATE CA
   ZIP CODE 93030
   AREA CODE/PHONE 805-832-2522
   NAME OF ASSISTANT TREASURER, IF ANY
   N/A
   MAILING ADDRESS
   N/A
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 9/14/2020
   By [Redacted]
   By [Redacted]
   By [Redacted]
   By [Redacted]
   By [Redacted]

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICERHOLDER OR CANDIDATE: Jack Villa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Canyon City Council District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 653 South P St Canyon CA 92670

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE:

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICERHOLDER, CANDIDATE, OR PROPOSER:

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

Committee addresses and other information may be continued on an attachment page.

Attach continuation sheets if necessary.
### Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A: TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B: TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A: TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B: TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A: TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B: TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A: TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B: TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

**Notes:**

- The forms should be submitted to the California Office of Campaign Information. The form must be signed by the campaign committee and submitted with a copy of the completed and signed form within 10 days of closing.
- Expenditure limit summary: 1/1 through 6/30 7/1 to Date
- Expenditure limit summary for state candidates: 22. Cumulative Expenditures Made

**Instructions:**

- To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
- Amounts in this section may be different from amounts reported in Column B.

**Contact:**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov