1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
- Primarily Formed Ballot Measure Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)

3. Committee Information

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1429526</th>
</tr>
</thead>
</table>

**COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)**

Jack Villa for Oxnard City Council 2020

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>Redacted</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-832-2522</td>
</tr>
</tbody>
</table>

| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | Redacted |

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

| OPTIONAL: FAX / E-MAIL ADDRESS | ivillatnight@yahoo.com |

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the information contained herein and in the attached schedules is true and complete.

Executed on 10/19/20

Executed on 10/19/20

Executed on __________________________

Executed on __________________________

By __________________________

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By __________________________

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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 OFFICEHOLDER OR CANDIDATE
Jack Villa

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Redacted Oxnard CA 93030

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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

NAME OF OFFICER, CANDIDATE, OR PROponent

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 OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

CONTACT person

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1,664</td>
<td>$1,664</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1,664</td>
<td>$1,664</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1,664</td>
<td>$1,664</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$1,431</td>
<td>$1,431</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$1,431</td>
<td>$1,431</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>$1,431</td>
<td>$1,431</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$1,664</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$1,431</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$233</td>
</tr>
</tbody>
</table>

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).

## Calendar Year Summary for Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>$</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

## Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 9/20/20 through 10/17/20

NAME OF FILER
Jack Villa for Oxnard City Council District 4

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/16/20</td>
<td>Jack Villa Redacted Oxnard, 93030</td>
<td>☑ IND</td>
<td>Retired</td>
<td>1,664</td>
<td>1,664</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $1,664

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $1,664

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............... TOTAL $1,664

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
**Schedule E**

**Payments Made**

Amounts may be rounded to whole dollars.

**Statement covers period**

from 9/20/20  
through 10/17/20

**CALIFORNIA FORM 460**

**Page 5 of 5**

**NAME OF FILER**

Jack Villa for Oxnard City Council 2020

**I.D. NUMBER**

1429526

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gforce Printing 3401 west 5th street Oxnard 93030</td>
<td>CMP</td>
<td>Campaign Account</td>
<td>476</td>
</tr>
<tr>
<td>Postcard Mania 2145 Sunnydale blvd. Clearwater, Florida 33765</td>
<td>LIT</td>
<td>Campaign Account</td>
<td>955</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $ 1471**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 1431
2. Unitemized payments made this period of under $100 ................................................................. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................. $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 1431

FPPC Form 460 (Jan/2016))  
FPPC Advice: advice@fppc.ca.gov (666/275-3772)  
www.fppc.ca.gov