Statement of C		n				RECE	Date Stamp	CALIFO FOR	
Recipient Con Statement Type			Amendment	☐ Terr	mination – See Part 5	s Lilino	5 2017 83	For	Official Use Daily
Statement Type	☐ Initial		KI Amendment	L. 1611	Illiandi.	10011	00		IIIN TO OAR
	O Not yet quali	fied	05 25 2017			OVNADDC		***	JUN 1 3 2017
	O Date qualified	d as committee	Date qualified as committee	Date	of termination	OXNARD CI	IIKCLERK		4
	,	,	(If amending to provide this date)					13794	MARY CITY CLERK
1. Committee Ir	· formation		I.D. Number (if applicable	e)	2. Treasurer an	d Other Prin	cipal Officers <sub>RI</sub>	ECEIVED A	ND FILED
1. Committee ii	IlOmmation				NAME OF TREASURER			he office of the S	ecretary of State
NAME OF COMMITTEE	1 1			-	DESIREE GRI	EEIN		of the State of	California
OXNARD RECAL	.L! · Movina Oxnal	rd Forward b	y Supporting the Recall of	f Mayor	STREET ADDRESS (NO P.O		JUN 08 2017		
Flynn and Counci	il Members Ra	mirez, Perello	and Madrigal		1511 VIA LA S				
•					CITY		STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O		-			CAMARILLO		CA	93010	(805)377-2628
2130 POSADA D	RIVE		7IP CODE AREA CODE/PH	MANT	NAME OF ASSISTANT TRE	ASURER, IF ANY			the control of the co
CITY		•			7,,,,,,				
OXNARD		CA	93030 (805)404	1-0093	STREET ADDRESS (NO P.O	D. BOX)			And an experimental control of the c
MAILING ADDRESS (IF D	IFFERENT)								
					CITY	Company of the Compan	STATE	ZIP CODE	AREA CODE/PHONE
E-MAIL ADDRESS (REQU		CPA@GMAII	COM						
(805)583-3337	SIARR		E COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFF	ICER(S)			
COUNTY OF DOMICILE		OXNARD			AARON STAR	lR			
VENTURA		ONNAIND	eg oran kuju kristorija kie iz	Land Control of the C	STREET ADDRESS (NO P.C	), BOX)	propagation the account of the second of the		
	•				2130 POSADA	A DRIVE			province and the second
					CITY		STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	l information on	appropriately	labeled continuation sheets	i <b>.</b>	OXNARD		CA	93030	(805)404-8693
penalty of perjoint person $\frac{06}{2}$ Executed on $\frac{06}{2}$	reasonable dilige ury under the law /05/2017 DATE /05/2017	ence in prepar ws of the StateBy By		SIGNATU	RE OF TREASURER OR ASSISTANT	TREASURER R STATE MEASURE PRO	PONENT	and complete	. I certify under
Executed on	DATE	- I common - I	SIGNATURE O	F CONTROLLIN	IG OFFICEHOLDER, CANDIDATE, O	R STATE MEASURE PRO	PONENI		
Executed on	DATE	Ву	SIGNATURE (	OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, O	OR STATE MEASURE PRO	OPONENT	Star & Land	DC Carm 410 /6/134/2013

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

## Statement of Organization Recipient Committee

Oscar Madrigal and Bert Perello

INSTRUCTIONS ON REVERSE

CALIFORNIA 410
FORM
Page 2
I.D. NUMBER

Moving Oxnard Forward by Supporting the Recall of Mayor Ti	けつり -{t m Flynn a	୦√ und Council Membel	s Ramirez, Perello a	nd Madrigal	
All committees must list the financial institution where the campaign by			en eft av eller hand for at de state de verein fren fra de verein fren en de verein		
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOUNT N	JMBER	g pyryganium dandu satt til för för de grenn delph men fåde det til til spekken delphane av det ett til stor för för för för för för för för för fö
Wells Fargo	(805).	278-8170	REDACTE	D	The state of the s
ADDRESS	СІТҮ	na dunighiik ka denise een stareju kala luk kuusa juli qabqoottaa piuunimmened tussiere een va muuna asjuuluksa vees	STATE	ZIP CODE	
1700 E Gonzales Road	Oxna	rd	CA	93036	
4. Type of Committee Complete the applicable sections.					
Controlled Committee					
<ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate</li> <li>If this committee acts jointly with another controlled committee,</li> </ul>	is affiliated	or check "nonpartisa me and identification	n." number of the other co		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	٠	ELECTIVE OFFICE SO (INCLUDE DISTRICT NUM	UGHT OR HELD BER IF APPLICABLE)	YEAR OF ELECTION	V PARTY
Aaron Starr	City Cou	ıncil	норогу (дой неровах савых в дожения в выпусков дожена очество набъе и в недоставления в подавления в подавления	2018	Nonpartisan
Adoll Stall		ng kaja kingga kan na kingga kan manan na ngangan na n			Nonpartisan
	***************************************	anny y Good and a significant his significant signific		residing to the second test of the second representative the second representative transfer of the second representative t	
Primarily Formed Committee Primarily formed to support or o	ppose spec				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)			CHECK ONE	
Recall Mayor Tim Flynn and Council Members Carmen Ram	deline i ingunie meglym meditani i inconstruktioni rition				SUPPORT OPPOSE  SUPPORT OPPOSE
					passenge and passenger and pas

## Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

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	EODM	410	
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Pag	e 3		
	MINARER		

INSTRUCTIONS ON NEVERSE	I.D. NUMBER
Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madrigal	
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	
	water and a company of the company o
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR  INDUSTRY GROUP OR AFFILIATION OF SPONSOR	and the particular of the control of
STREET ADDRESS NO. AND STREET CITY STATE ZIPCODE	AREA CODE/PHONE
Small Contributor Committee	
5 Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the fo	llowing conditions have been met:

## 5. Termination Requirements

- 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.