

Statement of Organization
Recipient Committee

Statement Type Initial
 Not yet qualified
or
 Date qualified as committee

Amendment
 Termination - See Part 5
Date qualified as committee (if amending to provide this date) _____
Date of termination _____

R 56
L
1397683
Received
Oxnard City Clerk
2017 JUL 26 AM 8:04

Received
Oxnard City Clerk
2017 JUL 13 PM 5:33
CALIFORNIA FORM 410
For Official Use Only
p/s

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
Oxnard United Against the Recall of Mayor Flynn and Councilmembers Ramirez, Perello, and Madrigal

STREET ADDRESS (NO P.O. BOX)
653 S. F Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93031 805-751-6268

MAILING ADDRESS (IF DIFFERENT)
PO Box 6801, Oxnard, CA 93031

E-MAIL ADDRESS (REQUIRED - TAX-EXEMPTION)
info@oxnardunited.org

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jack Villa

STREET ADDRESS (NO P.O. BOX)
653 S. F Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-751-6268

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Jack Villa

STREET ADDRESS (NO P.O. BOX)
653 S. F Street

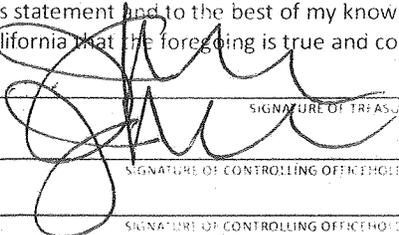
CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-751-6268

JUL 17 2017

Attach additional information on appropriately labeled continuation sheets.

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 7/12/17 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 7/12/17 By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Oxnard United Against The Recall of Mayor Flynn and Councilmembers Ramirez, Perello, and Madrigal

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Recall of Mayor Flynn & Councilmembers Ramirez, Perello, Madrigal		<input type="checkbox"/> SUPPORT	<input checked="" type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE