### 1. Committee Information

**Name of Committee:**
Oxnard United Against the Recall of Mayor Flynn and Councilmembers Ramirez, Perello, and Madrigal

**Street Address:**
653 S. F Street

**City:** Oxnard

**State:** CA

**ZIP Code:** 93030

**Telephone:** 805-751-6268

**E-mail:** info@oxnardunited.org

**City of Oxnard**

**County:** Ventura

**Acknowledgement:**
Committee is active

**Date:**

**Attachment:**
Additional information on appropriately labeled continuation sheets.

### 2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>Name of Officer</th>
<th>Date of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Villa</td>
<td>JUL 1 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Treasurer</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Villa</td>
<td>653 S. F Street</td>
</tr>
</tbody>
</table>

**City:** Oxnard

**State:** CA

**ZIP Code:** 93030

**Telephone:** 805-751-6268

### 3. Verification

I, Jack Villa, 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:** 7/1/2017

**By:**

**Executed on:** 7/1/2017

**By:**

**Executed on:**

**By:**

**Executed on:**

**By:**

**Signature of Treasurer:**

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**FPPC Form 410 (May/2017)**

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

www.fppc.ca.gov
Statement of Organization
Recipient Committee

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.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>CANDIDATES' NAME OR MEASURE TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(INCLUDE DISTRICT NO. IF APPLICABLE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nonpartisan

Nonpartisan

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATES' NAME OR MEASURE TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall of Mayor Flynn &amp; Councilmembers Ramirez, Perello, Madrigal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>