Statement of Organization Recipient Committee

Statement Type □ Initial
□ Not yet qualified
O Date qualified as committee
☑ Amendment
□ Termination – See Part 5

Date qualified as committee
(If necessary to precise the date)

07 25 2017

Date of termination

1. Committee Information

I.D. Number (if applicable)
1397683

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

STREET ADDRESSING POST BOX
653 S. F Street

CITY STATE ZIP CODE AREA CODE/PHONE

PO Box 6801, Oxnard, CA 93031

EMAIL ADDRESS/PHONE/URL
info@oxnardunited.org

COUNTY OF DONOR
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Jack Villa

STREET ADDRESS AND POST BOX
653 S. F Street

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

NAME OF ASSISTANT TREASURER, E A R Y

STREET ADDRESS AND POST BOX

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER
Jack Villa

STREET ADDRESS AND POST BOX
653 S. F Street

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

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 7/25/17

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/25/17

By

SIGNATURE OF CONTRIBUTING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on

By

SIGNATURE OF CONTRIBUTING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on

By

SIGNATURE OF CONTRIBUTING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

FFPC Form 410 (May/2017)
FFPC Advice: advice@ffpc.ca.gov (866/725-3772)
www.ffpc.ca.gov
Statement of Organization
Recipient Committee

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

I.D. NUMBER
1397683

• 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>Wells Fargo</td>
<td>805-483-8673</td>
<td>REDACTED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 S Ventura Road</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</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>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall of Mayor Flynn &amp; Councilmembers Ramirez, Perello, Madrigal</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>