

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee
 _____/_____/_____ 07 / 25 / 2017 _____/_____/_____
 Date qualified as committee Date of termination
 (If amending to provide this date)

Date Stamp Received Oxnard City Clerk 2017 JUL 31 AM 9:18	CALIFORNIA FORM 410 For Official Use Only
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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 ADDRESS (NO P.O. BOX)
653 S. F Street

CITY STATE ZIP CODE AREA CODE/PHONE

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

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
info@oxnardunited.org

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura 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

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 2/28/17 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/25/17 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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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.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 805-483-8673	BANK ACCOUNT NUMBER REDACTED
ADDRESS 450 S Ventura Road	CITY Oxnard	STATE CA
		ZIP CODE 93030

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

Clear Page

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