

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified
 or
 Date qualified as committee

Amended **Oxnard City Clerk** Termination - See Part 5
 Date qualified as committee: 07 / 25 / 2017
 Date of termination: 2017 AUG -8 PM 3:24

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
JUL 31 2017

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) 1397683 **2. Treasurer and Other Principal Officers**

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

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] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 7/25/17 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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	ELECTIONS DIVISION VENTURA COUNTY	<input type="checkbox"/> SUPPORT	<input checked="" type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

RECEIVED
2017 AUG -7 AM 10:32
VENTURA COUNTY
ELECTIONS DIVISION