September 12, 2017

Michelle Ascension, City Clerk
City of Oxnard
300 West Third Street, 4th Floor
Oxnard, CA 93030

SUBJECT: No Perello Recall Oxnard Committee - Statement of Organization (Form 410) – Copy of Corrected Initial Filing with Secretary of State

Attached, please find one copy of a signed original, of my CORRECTED Form 410 Filing for the No Perello Recall Oxnard Committee for your records.

This CORRECTED Form 410 submittal addresses the deficiencies contained in my initial filing with the Secretary of State’s Office dated August 24, 2017, and should replace the earlier version for your filing records.

Should you have any questions or wish to discuss this form filing with me further, please contact me directly at (805) 240-6194.

Sincerely,

Bert. E. Perello, Member, Oxnard City Council and Committee Treasurer

Attached: Form 410 Initial Form Filing
### Statement of Organization

**Recipient Committee**

**Statement Type**
- [x] Initial
- [ ] Amendment
- [ ] Termination – See Part 5

**Date qualifed as committee** (If amending to provide this date):  

**Date of termination**: 

### Committee Information

**NAME OF COMMITTEE**: No Perello Recall Oxnard

**STREET ADDRESS (NO P.O. BOX)**: 2391 Redwing Lane

**CITY**: Oxnard  
**STATE**: CA  
**ZIP CODE**: 93036  
**AREA CODE/PHONE**: (805) 240-6194

**MAILING ADDRESS (IF DIFFERENT)**: Same

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**: perellobob@gmail.com

**COUNTY OF DOMICILE**: Ventura  
**JURISDICTION WHERE COMMITTEE IS ACTIVE**: City of Oxnard

### Treasurer and Other Principal Officers

**NAME OF TREASURER**: Bert E. Perello

**STREET ADDRESS (NO P.O. BOX)**: 2391 Redwing Lane

**CITY**: Oxnard  
**STATE**: CA  
**ZIP CODE**: 93036  
**AREA CODE/PHONE**: (805) 240-6194

**NAME OF ASSISTANT TREASURER, IF ANY**: 

**STREET ADDRESS (NO P.O. BOX)**: 

**CITY**: 
**STATE**: 
**ZIP CODE**: 
**AREA CODE/PHONE**: 

**NAME OF PRINCIPAL OFFICER(S)**: 

**STREET ADDRESS (NO P.O. BOX)**: 

**CITY**: 
**STATE**: 
**ZIP CODE**: 
**AREA CODE/PHONE**: 

### 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** September 12, 2017  
**DATE**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**: 

**EXECUTED ON** September 12, 2017  
**DATE**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT**: 

**EXECUTED ON**  
**DATE**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT**: 

**EXECUTED ON**  
**DATE**

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FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
No Perello Recall Oxnard

- 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>Address</td>
<td>City</td>
<td>State</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>Bert E. Perello</td>
<td>Member, Oxnard City Council</td>
<td>2014</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 MEASURES(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee Opposing the Recall of Councilman Bert E. Perello</td>
<td>Member, Oxnard City Council</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>