

Bert E. Perello

City Councilman

300 West Third Street, 4th Floor

Oxnard, CA 93030

(805) 240-6194

E-mail: perellobert@gmail.com

Received
Oxnard City Clerk

2017 SEP 15 PM 4:11



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,

A handwritten signature in cursive script that reads "Bert E. Perello".

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

Attached: Form 410 Initial Form Filing

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 6

Not yet qualified or Date qualified as committee

_____/_____/_____
Date qualified as committee (If amending to provide this date)

_____/_____/_____
Date of termination

Received
Oxnard City Clerk
Date Stamp
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CALIFORNIA FORM 410
For Official Use Only

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

NAME OF COMMITTEE
No Perello Recall Oxnard

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

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

MAILING ADDRESS (IF DIFFERENT)
Same

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
perellobert@gmail.com

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

NAME OF TREASURER
Bert E. Perello

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(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

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 September 12, 2017 By Bert E Perello
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on September 12, 2017 By Bert E Perello
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

No Perello Recall Oxnard

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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
Bert E. Perello	Member, Oxnard City Council	2014	<input checked="" 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	
Committee Opposing the Recall of Councilman Bert E. Perello	Member, Oxnard City Council	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

FILED 2014 APR 11 AM 11:00
OXNARD, CALIFORNIA