1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

2. Type of Statement:
☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ quarterly Statement
☒ Amendment (Explain below)
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1397683

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO 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 Oxnard
STATE CA
ZIP CODE 93030
AREA CODE/PHONE 805-751-6268

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 6801

CITY Oxnard
STATE CA
ZIP CODE 93031
AREA CODE/PHONE 805-751-6268

OPTIONAL: FAX/E-MAIL ADDRESS
info@oxnardunited.org

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/27/17
By Signature of Treasurer or Assistant Treasurer

Executed on Date
By Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Date
By Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on Date
By Signature of Controlling Officerholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

---

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? □ YES □ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

---

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Oxnard Recall

BALLOT NO. OR LETTER

JURISDICTION

City of Oxnard

SUPPORT

☐ OPPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

---

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPPOSE</td>
</tr>
</tbody>
</table>

---

Attach continuation sheets if necessary

---
Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$3,825</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$3,825</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$3,825</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL EXPENDITURES MADE</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$1,155.67</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$1,155.67</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$1,155.67</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$0</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>3,825</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>1,155.67</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$2,669.33</td>
</tr>
</tbody>
</table>

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0</td>
</tr>
</tbody>
</table>
### Schedule A

**Monetary Contributions Received**

**Name of Filer:**
Oxnard United Against the Recall of Mayor Flynn and Councilmembers Ramirez, Perello, and Madrigal

**I.D. Number:** 1397683

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (if Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (if Required)</th>
</tr>
</thead>
</table>
| 7/17/2017     | Murray Rosenbluth 2591 Northstar Cove Port Hueneme CA 93041 | □ IND  
                □ COM  
                □ OTH  
                □ PTY  
                □ SCC | Retired | 1,000 | 1,500 |                      |
| 7/17/2017     | Bert Perello 2391 Redwing Lane Oxnard CA 93036 | √ IND  
                □ COM  
                □ OTH  
                □ PTY  
                □ SCC | City Councilmember  
                City of Oxnard | 250 | 250 |                      |
| 7/25/2017     | Tim Flynn for Mayor 211 N. F Street Oxnard CA 93030 | □ IND  
                □ COM  
                □ OTH  
                □ PTY  
                □ SCC |                      | 500 | 500 |                      |
| 7/24/2017     | Maria C. Ramirez 633 Ivywood Drive Oxnard CA 93030 | √ IND  
                □ COM  
                □ OTH  
                □ PTY  
                □ SCC | City Councilmember  
                City of Oxnard | 500 | 500 |                      |
| 7/25/2017     | Diane Flynn 234 N. L Street Oxnard CA 93030 | √ IND  
                □ COM  
                □ OTH  
                □ PTY  
                □ SCC | Retired | 500 | 500 |                      |

**Subtotal:** 2,750

### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) $ 3,550
2. Amount received this period – unitemized monetary contributions of less than $100 $ 275
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 3,825
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2/2017</td>
<td>William Trammell 600Fernwood Drive Oxnard CA 93030</td>
<td>☑ IND</td>
<td>Retired USMC</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/7/2017</td>
<td>Aaron Greer 1711 Muirfield Drive Oxnard CA 93036</td>
<td>☑ IND</td>
<td>Peace Officer State of California</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/15/2017</td>
<td>Shawn Terris 1700 Dean Drive, #1003 Ventura CA 93003</td>
<td>☑ IND</td>
<td>Chair, Veterans Caucus of the California Democratic Party</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/30/2017</td>
<td>Murray Rosenbluth 2591 Northstar Cove Port Hueneme CA 93041</td>
<td>☑ IND</td>
<td>Retired</td>
<td>500</td>
<td>1,500</td>
<td></td>
</tr>
</tbody>
</table>

|               | SUBTOTAL $                                          | 800              |                                     |                           |                                                 |                                   |

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
## Schedule E
### Payments Made

**Amounts may be rounded to whole dollars.**

**Statement covers period**

**from** 01/01/2017

**through** 09/30/2017

### Codes:
If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

### Table:

<table>
<thead>
<tr>
<th>Name and Address of Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Printing</td>
<td>LIT</td>
<td></td>
<td>178.88</td>
</tr>
<tr>
<td>1445 Monterey Hwy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Jose, CA 95110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xpress Printing</td>
<td>LIT</td>
<td></td>
<td>786.37</td>
</tr>
<tr>
<td>1302 Tower Sq Ste 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, California 93003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staples</td>
<td>OFC</td>
<td></td>
<td>110.25</td>
</tr>
<tr>
<td>3400 Telegraph Rd,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

**Subtotal $** 1,075.50

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals)...
   **$** 1,075.50

2. Unitemized payments made this period of under $100...
   **$** 80.17

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
   **$** 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)
   **Total $** 1,155.67

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov