

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 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
2017 OCT 31 PM 3:08

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information I.D. Number (if applicable) **1399037** **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 October 31, 2017 By Bert E Perello
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on October 31, 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

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INSTRUCTIONS ON REVERSE

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**CALIFORNIA
FORM 410**

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I.D. NUMBER

1399037

COMMITTEE NAME

No Perello Recall Oxnard

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (805) 278-4508	BANK ACCOUNT NUMBER 325082182524
ADDRESS 1855 North Oxnard Boulevard	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
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"/>

Bert E. Perello
City Councilman
300 West Third Street, 4th Floor
Oxnard, CA 93030
(805) 240-6194
E-mail: perellobert@gmail.com

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2017 OCT 31 PM 3:08



October 31, 2017

California Secretary of State
Attention: Political Reform Division
1500 11th Street, Room 495
Sacramento, CA. 95814

SUBJECT: No Perello Recall Oxnard Committee – Amended Statement of Organization (Form 410) Filing – FPPC ID# And Bank Account Info

Attached, please find a signed original, and one copy, of the above-captioned Amended Statement of Organization Form 410 filing for the No Perello Recall Oxnard Committee.

This amended statement includes the Committee's FPPC ID# (1399037) and Committee Bank Account Information.

Additionally, I have included a self-addressed, stamped envelope for your transmittal of an official date-stamped copy of the Amended Form 410 Statement Filing to me as per the instruction form information.

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: Amended Statement of Organization Form 410 Filing

pc: Michelle Ascension, Oxnard City Clerk