1. Committee Information
NAME OF COMMITTEE
No Perello Recall Oxnard

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

Mailing Address (if different)
Same

E-mail Address (required) / Tax (optional)
perellobert@gmail.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oxnard

I.D. Number (if applicable)
1399037

2. 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

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 ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on October 31, 2017
By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on ____________________________
By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on ____________________________
By ____________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Statement of Organization Recipient Committee

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Perello Recall Oxnard</td>
<td></td>
</tr>
</tbody>
</table>

- 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>Bank of America</td>
<td>(805) 278-4508</td>
<td>325082182524</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1855 North Oxnard Boulevard</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</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>
</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 MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(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>
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,

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

Not Printed or Reproduced at Public Expense