

**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 _____/_____/_____ Date of termination

Received
Oxnard City Clerk
Date Stamp
2018 JAN 16 PM 4:01

CALIFORNIA FORM 410
For Official Use Only

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

NAME OF COMMITTEE
Friends of Carmen Ramirez Opposed to the Recall 2018

STREET ADDRESS (NO P.O. BOX)
631 Ivywood Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805)216-7362

MAILING ADDRESS (IF DIFFERENT)
2801 N. Oxnard Blvd., #150, Oxnard, CA 93036

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
carmen4oxnard@gmail.com

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

NAME OF TREASURER
Aurora R. Cuellar

STREET ADDRESS (NO P.O. BOX)
3942 Senan Street

CITY STATE ZIP CODE AREA CODE/PHONE
Camarillo CA 93010 (805)415-8080

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 January 16, 2017 By Aurora R. Cuellar
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on January 16, 2017 By Carmen Ramirez
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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Page 2
I.D. NUMBER

COMMITTEE NAME
Friends of Carmen Ramirez Opposed to the Recall 2018

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

NAME OF FINANCIAL INSTITUTION Rabo Bank	AREA CODE/PHONE (805)240-440	BANK ACCOUNT NUMBER Redacted	
ADDRESS 155 South A Street	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." Stating "No party preference" is acceptable.
- 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	
			CHECK ONE	
Carmen Ramirez	City Council	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Clear Page

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