Statement of Organization
Recipient Committee

Statement Type  □ Initial
              ☑ Amendment  □ Termination – See Part 5

Date qualified as committee: __________________________
Date of termination: __________________________

1. Committee Information  I.D. Number (if applicable)

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

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

2. Treasurer and Other Principal Officers

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

CITY:

STREET ADDRESS (NO P.O. BOX):

CITY  STATE  ZIP CODE  AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S):

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.

January 16, 2017

By __________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

January 16, 2017

By __________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

January 16, 2017

By __________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

January 16, 2017

By __________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Ramirez</td>
<td>City Council</td>
<td>2018</td>
<td>Nonpartisan (check one)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan (list political party below)</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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</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></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>