Statement of Organization
Recipient Committee
Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5
Not yet qualified or
Date qualified as committee
2/2/2018
Date qualified as committee
Date of termination

1. Committee Information
NAME OF COMMITTEE
Friends of Carmen Ramirez Opposed to the Recall 2018

STREET ADDRESS (NO P.O. BOX)
2081 N. Oxnard Blvd #150

CITY
Oxnard
STATE
CA
ZIP CODE
93036
AREA CODE/PHONE
805-216-7362

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE
Ventura

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 St

CITY
Camarillo
STATE
CA
ZIP CODE
93010
AREA CODE/PHONE
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 2-2-18
By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-2-18
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Friends of Carmen Ramirez Opposed to the Recall

- 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>Rabo Bank</td>
<td>(805) 240-1440</td>
<td>Redacted</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>155 S A St</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.” 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Ramirez</td>
<td>Oxnard City Council Member</td>
<td>2018</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>Recall Carmen Ramirez</td>
<td>Oxnard City Council Member</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>