

**Statement of Organization
Recipient Committee**

1403448

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified
or
 Date qualified as committee 2/2/2018 / / 2018
Date qualified as committee Date of termination

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

Date Stamp
MAR 06 2018

CALIFORNIA FORM 410
For Official Use Only

2018 MAR 21 AM 11:28
Received
Oxnard City Clerk

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

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

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

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

MAILING ADDRESS (IF DIFFERENT)

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

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

NAME OF TREASURER
Aurora R. Cuellar

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

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 2-16-18 By Aurora R. Cuellar
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-16-18 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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COMMITTEE NAME

Friends of Carmen Ramirez *Opposed to the Recall 2018*

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Rabo Bank	AREA CODE/PHONE 805-240-1440	BANK ACCOUNT NUMBER Redacted		
ADDRESS 155 S. 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Carmen Ramirez	Oxnard City Council Member	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
Recall Carmen Ramirez	Oxnard City Council Member	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>