Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
Friends of Carmen Ramirez 2018

I.D. Number
(If applicable)

2081 N. Oxnard Blvd, #150

STREET ADDRESS (NO PO. BOX)

CITY
Oxnard

STATE
CA

ZIP CODE
93036

AREA CODE/PHONE
805-216-7362

STREET ADDRESS (IF DIFFERENT)

MAILING ADDRESS (IF DIFFERENT)
carmen4oxnard@gmail.com

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oxnard

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Aurora R. Cuellar

STREET ADDRESS (NO PO. BOX)
3942 Senan St

CITY
Camarillo

STATE
CA

ZIP CODE
93010

AREA CODE/PHONE
805-415-8080

STREET ADDRESS (IF DIFFERENT)

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO PO. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-16-18
By
Carmen Ramirez
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
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.

<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 Street</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 Proponent</th>
<th>Elective Office Sought or Held (Include District Number if Applicable)</th>
<th>Year of Election</th>
<th>Check One</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Ramirez</td>
<td>Oxnard City Council Member</td>
<td>2018</td>
<td>☑</td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Partisan</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>Recall Carmen Ramirez</td>
<td>Oxnard City Council Member</td>
<td>☑</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov