

**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

Date Stamp
Oxnard City Clerk

2019 OCT 22 PM 1:01

CALIFORNIA FORM 410
For Official Use Only

| | |
|---------------------------------|--|
| 1. Committee Information | 2. Treasurer and Other Principal Officers |
|---------------------------------|--|

I.D. Number (if applicable) 1399037

NAME OF COMMITTEE
No Perello Recall Committee

STREET ADDRESS (NO P.O. BOX)
2391 Redwing Lane

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Oxnard | CA | 93036 | (805) 240-6194 |

MAILING ADDRESS (IF DIFFERENT)
Same

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

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

NAME OF TREASURER
Bert E. Perello

STREET ADDRESS (NO P.O. BOX)
2391 Redwing Lane

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|--------|-------|----------|-----------------|
| Oxnard | CA | 93036 | (805) 240-6194 |

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 October 22, 2019 By Bert E. Perello
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on October 22, 2019 By Bert E. Perello
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