Recipient Committee
Campaign Statement – Short Form
SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

1. Type of Recipient Committee:
- General Purpose Committee
- Semi-annual Statement

2. Type of Statement:
- Pre-election Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-year Report
- Amendment (Explain)

3. Committee Information

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>1397683</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>Oxnard United</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>653 S F St</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-751-6268</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</th>
<th>PO Box 6801</th>
</tr>
</thead>
</table>

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<tr>
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<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93031</td>
<td>805-751-6268</td>
</tr>
</tbody>
</table>

| OPTIONAL: FAX / E-MAIL ADDRESS | info@oxnardunited.org |

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 1/30/19

By [Signature]

By [Signature]

By [Signature]
Recipieent Committee  
Campaign Statement  
Summary Page

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
<th>450</th>
</tr>
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<tbody>
<tr>
<td>from 10/21/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>through 12/31/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 2 of 2</td>
<td></td>
<td></td>
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<tr>
<td>I.D. NUMBER</td>
<td></td>
<td>1397683</td>
</tr>
</tbody>
</table>

**NAME OF COMMITTEE**

Oxnard United

**Expenditures Made**

1. Expenditures of $100 or more made this period ................................................................. $ 0
2. Expenditures under $100 made this period (Not itemized,) ...................................................... 0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .................................................................................. $ 0
4. Nonmonetary Adjustment .............................................................................................................. 0
5. Total expenditures made from previous statement  
   *(If this is the first statement for the calendar year, enter zero.)*  
   Previous Summary Page, Line 6  
   .............................................................................................................................................. $ 9,936
6. TOTAL EXPENDITURES MADE TO DATE  
   Add Lines 3 + 4 + 5  
   .............................................................................................................................................. $ 9,936

**Contributions Received**

7. Monetary contributions received this period .................................................................................. $ 0
8. Non-monetary contributions received this period ........................................................................... 0
9. Total contributions received from previous statement  
   *(If this is the first statement for the calendar year, enter zero.)*  
   Previous Summary Page, Line 10  
   .............................................................................................................................................. $ 12,775
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ............................................................................... Add Lines 7 + 8 + 9  
    .............................................................................................................................................. $ 12,775

**Current Cash Statement**

11. Beginning cash balance  
    *(Previous Summary Page, Line 15)*  
    .............................................................................................................................................. $ 2,839
12. Cash receipts this period  
    *(Line 7 above)*  
    .............................................................................................................................................. 0
13. Miscellaneous increases to cash .................................................................................................... 1
14. Cash expenditures this period  
    *(Line 3 above)*  
    .............................................................................................................................................. 0
15. ENDING CASH BALANCE THIS PERIOD  
    Add Lines 11 + 12 + 13, then subtract Line 14  
    .............................................................................................................................................. $ 2,840