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:
- [ ] Ballot Measure Committee
  - [ ] Primarily Formed
  - [ ] Controlled
  - [ ] Sponsored
- [x] General Purpose Committee
  - [x] Sponsored
  - [ ] Small Contributor Committee
- [ ] Primarily Formed Candidate/O
  Officeholder Committee

2. Type of Statement:
- [ ] Pre-election Statement
- [ ] Quarterly Statement
- [x] Semi-annual Statement
- [ ] Special Odd-year Report
- [ ] Amendment (Explain)
  (Also check type of statement you are amending)

3. Committee Information

COMMITTEE NAME
Oxnard Peace Officers’ Association
Political Action Committee

STREET ADDRESS (NO P.O. BOX)
251 South C Street

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
805-906-0520

Mailing Address (If Different) No. And Street Or P.O. Box
P.O. Box 6535
CITY
Oxnard
STATE
CA
ZIP CODE
93031
AREA CODE/PHONE

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 7-31-19
By ______________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
By ______________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on
By ______________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on
By ______________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
## Recipient Committee
### Campaign Statement
#### Summary Page

**NAME OF COMMITTEE**
Oxnard Peace Officers' Association Political Action Committee

### 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 .............................................. Add Lines 1 + 2 $ 0
4. Nonmonetary Adjustment ..................................................................................... From Line 8 Below $ 0
5. Total expenditures made from previous statement .............................................. Previous Summary Page, Line 6 $ 0
   (If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE ......................................................... Add Lines 3 + 4 + 5 $ 0

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

### Current Cash Statement
11. Beginning cash balance .................................................................................. Previous Summary Page, Line 15 $ 47,774.85
12. Cash receipts this period ................................................................................. Line 7 above $ 8,207.48
13. Miscellaneous increases to cash ....................................................................... $ 11.63
14. Cash expenditures this period .......................................................................... Line 3 above $ 4.00
15. ENDING CASH BALANCE THIS PERIOD ..................................................... Add Lines 11 + 12 + 13, then subtract Line 14 $ 55,989.96

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**Statement covers period from 1-01-19 through 6-30-19**

**CALIFORNIA FORM 450**

**Page 2 of 3**

**I.D. NUMBER**
850-242
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE AMOUNTS TO DATE*</th>
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☐ Support ☐ Oppose
☐ Contribution ☐ Ind. Exp.

☐ Support ☐ Oppose
☐ Contribution ☐ Ind. Exp.

☐ Support ☐ Oppose
☐ Contribution ☐ Ind. Exp.

☐ Support ☐ Oppose
☐ Contribution ☐ Ind. Exp.

SUBTOTAL $ 0.00

* Required only for payments which are contributions or independent expenditures.