Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

STATEMENT COVER PERIOD
from 01/01/2019 through 06/30/2019

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1403750
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Oxnard 2020 Coalition
   STREET ADDRESS (NO P.O. BOX)
   400 E. Esplanade Dr. #302
   CITY Oxnard
   STATE CA
   ZIP CODE 93036
   Mailing Address
   30101 Town Center Dr. Ste. 204
   CITY Laguna Niguel
   STATE CA
   ZIP CODE 92677
   AREA CODE/PHONE (949) 606-6561

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 and in the attached schedules 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 07/30/2019
   By Rebecca Luby
   Signature of Treasurer or Assistant Treasurer

   Executed on
   By
   Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officer, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer, Candidate, State Measure Proponent

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5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE Sought OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF &quot;TREASURER&quot;</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOINENT |
| OFFICE Sought OR HELD |
| DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE Sought OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE Sought OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE Sought OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received ............................................ Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions .............................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made .......................................... Schedule E, Line 4 $ 0.00 $ 0.00
7. Loans Made ................................................ Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ........................... Add Lines 6 + 7 $ 0.00 $ 0.00
9. Accrued Expenses (Unpaid Bills) ....................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment .............................. Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 0.00 $ 0.00

### Current Cash Statement

12. Beginning Cash Balance .............................. Previous Summary Page, Line 16 $ 3,124.46 $ 3,124.46
13. Cash Receipts ........................................... Column A, Line 3 above $ 0.00 $ 0.00
14. Miscellaneous Increases to Cash ..................... Schedule I, Line 4 $ 0.00 $ 0.00
15. Cash Payments .......................................... Column A, Line 8 above $ 0.00 $ 0.00
16. ENDING CASH BALANCE .............................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 3,124.46 $ 3,124.46

*If this is a termination statement, Line 16 must be zero.*

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ....................................... See instructions on reverse $ 0.00 $ 0.00
19. Outstanding Debts ..................................... Add Line 2 + Line 9 in Column B above $ 0.00 $ 0.00

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**Summary Page**

Amounts may be rounded to whole dollars.

**Statement covers period**

from 01/01/2019 through 06/30/2019

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- 1/1 through 6/30
- 7/1 to Date
- Contributions Received
- Expenditures Made

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/ / / $ 

/ / / $ 

*Amounts in this section may be different from amounts reported in Column B.*