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

SEE INSTRUCTIONS ON REVERSE

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:
   □ Pre-election Statement
   □ Semi-annual Statement
   □ Termination Statement
   (Also file a Form 410 Termination)
   □ Amendment (Explain below)

   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Supplemental Pre-election Statement - Attach Form 495

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 (IF DIFFERENT) NO. AND STREET OR P.O. BOX

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   rebecca@politicalfinancesolutions.com

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 01/21/2020
   Date

   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   Date

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

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

www.netfile.com
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Attach continuation sheets if necessary
<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$300.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

| Cash Equivalents and Outstanding Debts | | |
|--------------------------------------|------------------|
| 18. Cash Equivalents | See instructions on reverse | $0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $300.00 |
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2019 through 12/31/2019

NAME OF FILER
Oxnard 2020 Coalition
I.D. NUMBER 1403750

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMB</td>
<td>campaign paraphernalia/misc.</td>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
<td>PRT</td>
<td>print ads</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF CREDITOR

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Finance Solutions, Inc.</td>
<td>PRO</td>
<td>postage, delivery and messenger services</td>
<td>0.00</td>
<td>300.00</td>
<td>0.00</td>
<td>300.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS $ 

| SUBTOTALS   | 0.00$ | 300.00$ | 0.00$ | 300.00 |

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) .................................................. INCURRED TOTALS $ 300.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) .................................................. PAID TOTALS $ 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .................................................. NET $ 300.00

May be a negative number