Recipient Committee  
Campaign Statement  
Cover Page

Statement covers period  
from 7-01-19 through 12-31-19

Date of election if applicable:  
(Month, Day, Year) NA

1. Type of Recipient Committee:  
☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recal  (Also Complete Part 6)  
☐ 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  
☐ Quarterly Statement  
☐ Special Odd-Year Report

☐ Termination Statement  
(Also file a Form 410 Termination)

☐ Amendment (Explain below)

3. Committee Information  
I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)  
Oxnard Peace Officer’s Association

Political Action Committee

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

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
P.O. Box 6535

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93031

OPTIONAL: FAX / E-MAIL ADDRESS

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 1-31-20

Date

By  
Signature of Treasurer or Assistant Treasurer

Executed on  
Date

Executed on  
Date

Executed on  
Date

Executed on  
Date

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

By  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Treasurer(s)

NAME OF TREASURER  
Edgar Fernandez

MAILING ADDRESS  
P.O. Box 6535

CITY STATE ZIP CODE AREA CODE/PHONE  
Oxnard CA 93031 805-906-0520

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
**Campaign Disclosure Statement**  
**Summary Page**

** Contributions Received**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD</td>
<td>TOTAL YEAR TO DATE</td>
</tr>
<tr>
<td>(FROM ATTACHED SCHEDULES)</td>
<td>(CALIFORNIA FORM 460)</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</td>
<td></td>
</tr>
<tr>
<td>1/1 through 6/30</td>
<td>7/1 to Date</td>
</tr>
</tbody>
</table>

20. Contributions Received  $__________ $__________
21. Expenditures Made  $__________ $__________

**Expenditure Limit Summary for State Candidates**

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$__________</td>
</tr>
<tr>
<td>/ / /</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Summary Page, Line 16 $54,129.83</td>
<td></td>
</tr>
<tr>
<td>$2,871.83</td>
<td></td>
</tr>
<tr>
<td>$15.79</td>
<td></td>
</tr>
<tr>
<td>$3,000.00</td>
<td></td>
</tr>
<tr>
<td>$53,651.86</td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
</table>
| Cash Equivalents  
   See instructions on reverse  $0.00 |
| Outstanding Debts  
   Add Line 2 + Line 3 in Column A above  $0.00 |
Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period
from 7-01-19
through 12-31-19

NAME OF FILER
Oxnard Peace Officer's Association - Political Action Committee

I.D. NUMBER

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 8/16/19| Jacqui Irwin
Office Description: State Assembly
P.O. Box 378, Camarillo, CA, 93011
☑ Support ☐ Oppose
☑ Monetary Contribution
☐ Nonmonetary Contribution
☐ Independent Expenditure
#1414701
$1,000.00
$1,000.00

| 1/22/20| John Zaragoza
Committee to Elect John Zaragoza for Mayor
Office Description: Mayor, Oxnard
Jurisdiction: Oxnard, CA
☑ Support ☐ Oppose
☑ Monetary Contribution
☐ Nonmonetary Contribution
☐ Independent Expenditure
#1422965
$2,000.00
$2,000.00

SUBTOTAL $3,000.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .............................................................. $ 3,000.00

2. Unitemized contributions and independent expenditures made this period of under $100. .............................................................. $ 3,000.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .......... TOTAL $ 3,000.00
Schedule E Payments Made

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>from 7-01-19</td>
<td>through 12-31-19</td>
</tr>
</tbody>
</table>

NAME OF FILER

Oxnard Peace Officer's Association - Political Action Committee

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- GFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacqui Irwin</td>
<td>CTB</td>
<td>Campaign Contribution</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Jacqui Irwin for Assembly 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.O. Box 378, Camarillo, CA, 93011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.D. # 1414701</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Zaragoza</td>
<td>CTB</td>
<td>Campaign Contribution</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Committee to Elect John Zaragoza for Mayor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2303 Hidden Valley Court, Oxnard, CA, 93036</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.D. # 1422965</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 3000.00
2. Unitemized payments made this period of under $100... $ 
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 3000.00

FPCC Form 460 (Jan/2016)
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www.fpcc.ca.gov