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  
☐ Primarily Formed Candidate/Officeholder Committee  

☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee

2. Type of Statement:  

☐ Pre-election Statement  
☐ Quarterly Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Special Odd-year Report  
☐ Amendment (Explain)  

(Also check type of statement you are amending)

3. Committee Information  

I.D. NUMBER  
850242

COMMITTEE NAME  
Oxnard Peace Officer's 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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 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  
DATE  
7/30/20

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

FPCC Form 450 (Jan/2016)  
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)  
www.fpcc.ca.gov
## Recipient Committee
### Campaign Statement
#### Summary Page

**Amounts may be rounded to whole dollars.**

**Statement covers period from 1/1/20 through 6/30/20**

**CALIFORNIA FORM 450**

**Page 2 of 3**

**I.D. NUMBER**

850242

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### NAME OF COMMITTEE

Oxnard Peace Officer's Association Political Action Committee

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### Expenditures Made

1. Expenditures of $100 or more made this period .......................................................... $ 891.27

2. Expenditures under $100 made this period (Not itemized.) ........................................ 0.00

3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .......................................................... Add Lines 1 + 2 $ 891.27

4. Nonmonetary Adjustment ........................................................................................................... From Line 8 Below

5. Total expenditures made from previous statement ............................................................ Previous Summary Page, Line 6 $ ........................

6. TOTAL EXPENDITURES MADE TO DATE ............................................................................ Add Lines 3 + 4 + 5 $ 891.27

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### Contributions Received

7. Monetary contributions received this period........................................................................... $ 0.00

8. Non-monetary contributions received this period................................................................. 0.00

9. Total contributions received from previous statement ......................................................... Previous Summary Page, Line 10 $ ........................

10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ................................................................. Add Lines 7 + 8 + 9 $ 0.00

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### Current Cash Statement

11. Beginning cash balance........................................................................................................... Previous Summary Page, Line 15 $ 53,651.66

12. Cash receipts this period....................................................................................................... Line 7 above $ 0.00

13. Miscellaneous increases to cash .......................................................................................... $ 0.00

14. Cash expenditures this period.............................................................................................. Line 3 above $ 891.68

15. ENDING CASH BALANCE THIS PERIOD ......................................................................... Add Lines 11 + 12 + 13, then subtract Line 14 $ 54,314.55

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*FPPC Form 450 (Jan/2016)*

*FPPC Advice: advice@fppc.ca.gov (866/275-3772)*

*www.fppc.ca.gov*
5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

| DATE* | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT | NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION | AMOUNT THIS PERIOD | CUMULATIVE AMOUNTS TO DATE*
|-------|---------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------|------------------|---------------------------------
|       |                                                               |                        |                                                                                                  | 0.00             | Calendar Year
|       |                                                               |                        | □ Support □ Oppose                                                                                  | $ ___________     | Other
|       |                                                               |                        | □ Contribution □ Ind. Exp.                                                                              | $ ___________     | calendar Year
|       |                                                               |                        |                                                                                                  | 0.00             | Other
|       |                                                               |                        | □ Support □ Oppose                                                                                  | $ ___________     | calendar Year
|       |                                                               |                        | □ Contribution □ Ind. Exp.                                                                              | $ ___________     | Other
|       |                                                               |                        |                                                                                                  | 0.00             |...
|       |                                                               |                        |                                                                                                  | $ ___________     |...

**SUBTOTAL $ 0.00**

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