

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.

Date Stamp
Received
Oxnard City Clerk

CALIFORNIA FORM 450

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For Official Use Only

2020 JUL 30 PM 2: 53

Statement covers period

from 1/1/20

through 6/30/20

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

1. Type of Recipient Committee:

- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Quarterly 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	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

Treasurer(s)

NAME OF TREASURER

Edgar Fernandez

MAILING ADDRESS

P.O. Box 6535

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93031	805-797-6000

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 7/30/20
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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1/1/20</u> through <u>6/30/20</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE	
Oxnard Peace Officer's Association Political Action Committee	
I.D. NUMBER	
850242	

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>891.27</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>891.27</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	<u> </u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u> </u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>891.27</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0.00</u>
8. Non-monetary contributions received this period.....	<u>0.00</u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>0.00</u>

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$ <u>53,651.66</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>0.00</u>
13. Miscellaneous increases to cash	\$ <u>0.00</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>891.68</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>54,314.55</u>

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I.D. NUMBER
850242

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NAME OF COMMITTEE
Oxnard Peace Officer's Association Political Action Committee

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*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0.00	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0.00	Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0.00	Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$ 0.00	

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