### 1. Type of Recipient Committee:
- [ ] 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 (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

### 2. Type of Statement:
- [x] Preliminary Statement
- [ ] Semi-annual Statement
- [ ] Special Odd-Year Report
- [ ] Amendment (Explain below)

### 3. Committee Information

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>850242</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)</td>
<td>Oxnard Peace Officers' Association Political Action Committee</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>251 S. C Street</td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>93030</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>818-645-9629</td>
</tr>
<tr>
<td>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</td>
<td>P.O. Box 6535</td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>93031</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>818-645-9629</td>
</tr>
</tbody>
</table>

### Treasurer(s)

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>Edgar Fernandez</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS</td>
<td>P.O. Box 6535</td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
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</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>818-645-9629</td>
</tr>
</tbody>
</table>

### 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 9-24-20

By [Signature]

Signature of Treasurer or Assistant Treasurer

By [Signature]

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

By [Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent
## 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 $2,000.00 $4,000.00
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 $2,000.00 $4,000.00

## Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16 $54,314.55
13. Cash Receipts: Column A, Line 3 above $0.00
14. Miscellaneous Increases to Cash: Schedule I, Line 4 $1,414.44
15. Cash Payments: Column A, Line 8 above $2,000.00
16. ENDING CASH BALANCE: Add Lines 12 + 13 + 14, then subtract Line 15 $55,728.99

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED: Schedule B, Part 2 $0.00
18. Cash Equivalents: See instructions on reverse $0.00
19. Outstanding Debts: Add Line 2 + Line 9 in Column B above $0.00

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).
Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)
   $ 2,000.00

2. Unitemized contributions and independent expenditures made this period of under $100.
   $ 0.00

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