

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.

Statement covers period
from 7/1/2020
through 9/19/2020

Date of election if applicable:
(Month, Day, Year)
November 3, 2020

Date Stamp
 Received
 Oxnard City Clerk
 2020 SEP 24 PM 5:33

CALIFORNIA FORM 450

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For Official Use Only

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
1397683

COMMITTEE NAME
Oxnard United

STREET ADDRESS (NO P.O. BOX)
653 S F St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93030</u>	<u>805-751-6268</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 6801

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93031</u>	<u>805-751-6268</u>

OPTIONAL: FAX / E-MAIL ADDRESS
info@oxnardunited.org

Treasurer(s)

NAME OF TREASURER
Jack Villa

MAILING ADDRESS
653 S F St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93030</u>	<u>805-751-6268</u>

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 Redacted

Executed on 9/24/2020
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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE

Oxnard United

I.D. NUMBER

1397683

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>0</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u>0</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>0</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	<u>0</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>0</u>
8. Non-monetary contributions received this period.....		<u>0</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</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	<u>0</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$	<u>2740</u>
12. Cash receipts this period..... <i>Line 7 above</i>		<u>0</u>
13. Miscellaneous increases to cash	\$	<u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>		<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>2740</u>