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or use by recipient committees that have not received a contribution or other receipt that must be itemized, have not exceived or made loans, and have no outstanding accrued	Statement covers period from 9/20/2020	Date of election if applicable (Month, Day, Year)	Colved Clerk 22 PM 1: 12	Page 1 of 2  For Official Use Only
xpenses.	through10/17/2020	November 3, 2020 2020 UCT	Lucia SEE & E Com	
I. Type of Recipient Committee:		2. Type of Statement:		
○ Primarily Formed ○ Sp	al Purpose Committee onsored nall Contributor Committee	<ul><li>☑ Pre-election Statement</li><li>☐ Semi-annual Statement</li><li>☐ Termination Statement</li></ul>		erly Statement al Odd-year Report
<ul><li>Primarily Formed Candidate/</li><li>Officeholder Committee</li></ul>		Amendment (Explain) (Also check type of statement you	are amending)	
3. Committee Information	I.D. NUMBER 1397683	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
Oxnard United		Jack Villa		
		MAILING ADDRESS Redacted		
STREET ADDRESS (NO P.O. BOX) Redacted		CITY	STATE ZIP COD	
	DE AREA CODE/PHONE	Oxnard	CA 93030	805-751-6268
Oxnard CA 9303		NAME OF ASSISTANT TREASURER, IF A	NY.	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAU NO ADDDEGO		
PO Box 6801		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
Oxnard CA 9303	1 805-751-6268	5111	011112 211 002	7,1,12,1,0,002,1,1,0,1,12
OPTIONAL: FAX / E-MAIL ADDRESS info@oxnardunited.org		OPTIONAL: FAX / E-MAIL ADDRESS		
I. Verification I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of	California that the foreç	· · · · · · · dge the information c	ontained herein is true	and complete. I certify
Executed on	Ву	TREASURER OR ASSISTANT T	[REASURER	
Executed on	BySIGNATURE OF CONTROLLIN	IG OFFICEHOLDER, CANDIDATE, STATE MEASURE PROF	PONENT, OR RESPONSIBLE OF	FICER OF SPONSOR
Executed on	Bysignat	TURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, S	TATE MEASURE PROPONENT	
Executed on	BySIGNAT	URE OF CONTROLLING OFFICEHOLDER, CANDIDATE, S	STATE MEASURE PROPONENT	EDBC Form /50 /lan/2

Recipient Committee Campaign Statement – Short Form

## **Recipient Committee Campaign Statement Summary Page**

Recipient Committee Campaign Statement Summary Page	Amounts may be rounded to whole dollars.	Statement covers period   9/20/2020   through   10/17/2020	CALIFORNIA FORM	450
NAME OF COMMITTEE			I.D. NUMBER	
Oxnard United			1397683	
Expenditures Made		-		•
1. Expenditures of \$100 or more made this period				
2. Expenditures under \$100 made this period (Not	itemized.)		*.	0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		Add Lines 1 + 2	\$	0
4. Nonmonetary Adjustment		From Line 8 Below		0
5. Total expenditures made from previous statemer (If this is the first statement for the calendar year	ntr, enter zero.)	Previous Summary Page, Line 6	\$	0
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$	0
Contributions Received				
7. Monetary contributions received this period			\$	0
8. Non-monetary contributions received this period				0
9. Total contributions received from previous stater (If this is the first statement for the calendar year	ment r, enter zero.)	Previous Summary Page, Line 10	\$	0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	0
Current Cash Statement				2740
11. Beginning cash balance				
12.Cash receipts this period		Line 7 above		
13. Miscellaneous increases to cash			\$	0

0

2740