Recipient Committee
Campaign Statement – Short Form

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
☐ 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)

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 6801
CITY
Oxnard
STATE
CA
ZIP CODE
93031
AREA CODE/PHONE
805-751-6268

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

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and judge 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.

Executed on ______/____/____
DATE

By:

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.

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>CALIFORNIA FORM 450</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/20/2020</td>
<td></td>
</tr>
<tr>
<td>through 10/17/2020</td>
<td></td>
</tr>
<tr>
<td>Page 2 of 2</td>
<td></td>
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</tbody>
</table>

**NAME OF COMMITTEE**

Oxnard United

| I.D. NUMBER | 1397683 |

**Expenditures Made**

1. Expenditures of $100 or more made this period .......................................................... $ 0
2. Expenditures under $100 made this period (Not Itemized.) .................................................. 0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ........................................................................... Add Lines 1 + 2 $ 0
4. Nonmonetary Adjustment .............................................................................................................. 0
5. Total expenditures made from previous statement .................................................................... Previous Summary Page, Line 6 $ 0
   (If this is the first statement for the calendar year, enter zero.)
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 statement .......................................................... Previous Summary Page, Line 10 $ 0
   (If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ........................................................................ Add Lines 7 + 8 + 9 $ 0

**Current Cash Statement**

11. Beginning cash balance .............................................................................................................. $ 2740
12. Cash receipts this period ........................................................................................................... Line 7 above 0
13. Miscellaneous increases to cash .............................................................................................. 0
14. Cash expenditures this period .................................................................................................. Line 3 above 0
15. ENDING CASH BALANCE THIS PERIOD .................................................................................. Add Lines 11 + 12 + 13, then subtract Line 14 $ 2740

**FPFC Form 450 (Jan/2016)**
**FPCC Advice: advice@fpc.ca.gov (866/275-3772)**
**www.fpc.ca.gov**