

Recipient Committee Campaign Statement Cover Page

Received
Oxnard City Clerk

Date Stamp
2020 JAN 31 PM 2: 58

CALIFORNIA FORM 460	
Page <u>1</u> of <u>4</u>	For Official Use Only

Statement covers period
 from 7-01-19
 through 12-31-19

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

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
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER _____

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 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	805-906-0520

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 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 1-31-20 By [Signature]
 Date Signature of Treasurer or Assistant Treasurer

Executed on _____ By _____
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
 Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7-01-19</u> through <u>12-31-19</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Oxnard Peace Officer's Association - Political Action Committee

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made.....	Schedule E, Line 4	\$ 3,000.00	\$ 3,000.00
7. Loans Made.....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 3,000.00	\$ 3,000.00
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	\$ 3,000.00	\$ 3,000.00

Expenditure Limit Summary for State Candidates		
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	Total to Date	
____/____/____	\$ _____	
____/____/____	\$ _____	

Current Cash Statement		
12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 54,129.83
13. Cash Receipts.....	Column A, Line 3 above	2,671.83
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	15.79
15. Cash Payments.....	Column A, Line 8 above	3,000.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 53,651.66
<i>If this is a termination statement, Line 16 must be zero.</i>		

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).

*Amounts in this section may be different from amounts reported in Column B.

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D

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through	12-31-19	Page <u>3</u> of <u>4</u>
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NAME OF FILER

Oxnard Peace Officer's Association - Political Action Committee

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/19	Jacqui Irwin Jacqui Irwin for Assembly 2020 Office Description: State Assembly P.O. Box 378, Camarillo, CA, 93011	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	#1414701	\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/22/20	John Zaragoza Committee to Elect John Zaragoza for Mayor Office Description: Mayor, Oxnard Jurisdiction: Oxnard, CA	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	#1422965	\$2,000.00	\$2,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 3,000.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 3,000.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL ..** \$ 3,000.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

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Oxnard Peace Officer's Association - Political Action Committee		

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Oxnard Peace Officer's Association - Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jacqui Irwin Jacqui Irwin for Assembly 2020 P.O. Box 378, Camarillo, CA. 93011 I.D. # 1414701	CTB	Campaign Contribution	\$1,000.00
John Zaragoza Committee to Elect John Zaragoza for Mayor 2303 Hidden Valley Court, Oxnard, CA. 93036 I.D. # 1422965	CTB	Campaign Contribution	\$2,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	3000.00
2. Unitemized payments made this period of under \$100.....	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	3000.00