

# 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 7/1/2019  
 through 12/31/2019

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

Received  
 Oxnard City Clerk  
 Date Stamp  
 2020 JAN 30 PM 3: 54

CALIFORNIA FORM **450**

Page 1 of 2

For Official Use Only

### 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)

653 S F St

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

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

PO Box 6801

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

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
Oxnard	CA	93030	805-751-6268

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

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 foregoing is true and correct.

Executed on 1/30/20  
DATE

By [Signature]  
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.

Statement covers period	
from	7/1/2019
through	12/31/2019

<b>CALIFORNIA FORM</b>	<b>450</b>
Page	2 of 2

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..... <i>Add Lines 1 + 2</i>	\$	0
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		0
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>	\$	0
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	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..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	0

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	2790
12. Cash receipts this period..... <i>Line 7 above</i>		0
13. Miscellaneous increases to cash .....	\$	0
14. Cash expenditures this period..... <i>Line 3 above</i>		
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	2790