Recipient Committee Campaign Statement – Short Form			Oxnard Cl		FORNIA 450	
EE INSTRUCTIONS ON REVERSE or use by recipient committees that have not received a ontribution or other receipt that must be itemized, have not	Statement covers period from1/1/2019	Date of election if applicable: (Month, Day, Year)	2019 JUL 31	PM Stage	7 1 of 2 For Official Use Only	
eceived or made loans, and have no outstanding accrued xpenses.	through6/30/2019	11/6/2018				
1. Type of Recipient Committee:		2. Type of Stateme				
☐ Ballot Measure Committee	☐ Pre-election Statement ☐ Quarterly Statement ☐ Special Odd-year Report ☐ Termination Statement					
Primarily Formed Candidate/Officeholder Committee		Amendment (Expla	(Explain) of statement you are amending)			
3. Committee Information	1.D. NUMBER 1397683	Treasurer(s)				
COMMITTEE NAME		NAME OF TREASURER				
Oxnard United		Jack Villa				
•		MAILING ADDRESS 653 S F St	4.			
STREET ADDRESS (NO P.O. BOX)		CITY		ZIP CODE	AREA CODE/PHONE	
653 S F St	ADDA CODE/DUCKE	Oxnard		93030	805-751-6268	
CITY STATE ZIP CO		NAME OF ASSISTANT TREASU	RER, IF ANY			
Oxnard CA 9303		MAIL BIO APPECO				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	UX	MAILING ADDRESS				
PO Box 6801	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OA 0000						
Oxnard CA 9303 OPTIONAL: FAX/E-MAIL ADDRESS	51 000 701 0200	OPTIONAL: FAX / E-MAIL ADDI	RESS			
info@oxnardunited.org						
4. Verification I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of	California that the foregoing is true	e best of my knowledge the inform	mation contained herei	n is true and	I complete. I certify	
Executed on 7 29 2019 Executed on 7 29 2019	By X	SIGNATURE OF THE ASURER OR A		NIOD F OFFICE	OF SPANSOR	
Executed on	By	OFFICEHOLDER, CANDIDATE, STATE MEAS TURE OF CONTROLLING OFFICEHOLDER, CAI			COFSPUNSOR	
Executed on	BySIGNA	TURE OF CONTROLLING OFFICEHOLDER, CA	NDIDATE, STATE MEASURE PR	OPONENT	EDDC Form 450 (lan)	

DATE

FPPC Form 450 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SHORT FORM

Recipient Committee Campaign Statement Summary Page	Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2019	CALIFORNIA FORM	450
ouninary rage		through 6/30/2019	Page 2 of 2	
NAME OF COMMITTEE			I.D. NUMBER	A
Oxnard United			1397683	·
Expenditures Made				·
1. Expenditures of \$100 or more made this period			\$	
2. Expenditures under \$100 made this period (Not itemized.).				50
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD		Add Lines 1 + 2	\$	50
4. Nonmonetary Adjustment		From Line 8 Below		(
5. Total expenditures made from previous statement(If this is the first statement for the calendar year, enter zero	o.)	Previous Summary Page, Line 6	\$	(
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$	50
Contributions Received				
7. Monetary contributions received this period			\$	(
8. Non-monetary contributions received this period				. (
9. Total contributions received from previous statement (If this is the first statement for the calendar year, enter zer	o.)	Previous Summary Page, Line 10	\$	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	· (
Current Cash Statement			-	0.044
11. Beginning cash balance				2,840
12. Cash receipts this period		Line 7 above		(
13. Miscellaneous increases to cash			\$	

50

2790