Statement of (Recipient Cor		1					Date Stamp	CALIFO FOR	
Statement Type	☐ Initial		Amendment	☐ Termir	ation – See Pa	art 5	Hyea.	Fo	r Official Use Only
	O Not yet qualifi	ied				UXNard t	illy Clark		
	or O Date qualified		07 , 25 , 2017		/	2021			
	O Date qualified	Da	ate qualified as committe If amending to provide this date)	e Date of	termination	2021 JAN 29	PM 5: 02		•
			•	en de la	N. LANCE ELECTRICAL IN THE STREET		árasilan och sid. En köllindaska siska siska siden i sek bla	CVAARIOUSURANSO NOOLO VA PÄIRKNYNE NAN	samment value is a continuo di territori
L. Committee l	nformation	のなる。これでは、これでは、これでは、これでは、これでは、これでは、これでは、これでは、). Numbe r (if applica 97683	ible) g	2. Treasurer	and Other Prin	cipal Officers	ertinist and the state of the s	
NAME OF COMMITTEE					NAME OF TREASU	RER			
Oxnard United					Jack Villa				
r					STREET ADDRESS (#	NO P.O. BOX)			
		.*							
STREET ADDRESS (NO P.	O. BOX)			 	CITY		STATE	ZIP CODE	AREA CODE/PHON
					Oxnard		CA	93030	805-751 - 6:
CITY		STATE ZIP CO	DDE AREA CODE	/PHONE	NAME OF ASSISTAN	T TREASURER, IF ANY			
					STREET ADDRESS (NO P.O. BOX)			
	unce) / SAV (OSTIGALA)				CITY		STATE	ZIP CODE	. AREA CODE/PHON
	JIRED) / FAX (OPTIONAL)			•					
info@oxnardunit		URISDICTION WHERE COM	MITTEE IS ACTIVE		NAME OF PRINCIPA	AL OFFICER(S)			
COOKIT OF DOMINICE	1	County of Ventu			Jack Villa				
		Oddity of Volta			STREET ADDRESS (NO P.O. BOX)			
					653 S F St	reet			
				-4-	CITY		STATE	ZiP CODE	AREA CODE/PHON
Attach additiona	l information on a	appropriately labe	eled continuation shee	ets.	Oxnard		CA	93030	805-751-6
3. Verification								S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I have used all	reasonable dilige				knowledge the	information conta	ined herein is tru	e and complete	. I certify under
penalty of perj	ury,under the law	vs of the State			nd correct.				
Executed on	1/12/21	Bv							
	DATE	-,			TREASURER OR ASSIS	TANT TREASURER			
Executed on	DATE	Ву							
	PAIE				FICEHOLDER, CANDIDA	TE, OR STATE MEASURE PROF	PONENT		
Executed on	DATE	Ву	SIGNATUR	LE OF CONTROLLING OF	FICEHOLDER, CANDIDA	TE, OR STATE MEASURE PROF	ONENT		
Tunguito di en		By		.,	•				
Executed on	DATE	ру	SIGNATUI	RE OF CONTROLLING O	FFICEHOLDER, CANDID	ATE, OR STATE MEASURE PRO	PONENT		

FPPC Form 410 (May, FPPC Advice: advice@fppc.ca.gov (866/275 www.fppc.

Statement of Organization Recipient Committee				FORM 410
NSTRUCTIONS ON REVERSE			Pa	ge 2
COMMITTEE NAME			I.D	NUMBER
Oxnard United			1	397683
 All committees must list the financial institution where the campaign I 	bank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	DANKACCOLINTAL	***BER	
Well Fargo	805-483-8673			
ADDRESS	CITY	STATE	ZIP CODE	
	Oxnard	CA	93030	
4. Type of Committee Complete the applicable sections.				
Controlled Committee				
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee 	is affiliated or check "nonpart	tisan."		tive office sought or held, and
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		E SOUGHT OR HELD NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
				Nonpartisan
		····		Nonpartisan
Primarily Formed Committee Primarily formed to support or o	oppose specific candidates or i	measures in a single electi	on. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE	TTCD\	DATE(S) OFFICE SOUGHT OR HELD O INCLUDE DISTRICT NO., CITY OR CO		CHECK ONE
				SUPPORT OPPOSE
				CUDA DE
•				SUPPORT OPPOSE

Statement of (Recipient Con	_	n					Date Stamp	CALIFO FOR	
Statement Type	☐ Initial		✓ Ameno	lment	☐ Term	nination – See Part 5	Oxnard City o	i era F	or Official Use Only
	O Not yet quali	ified					7071 IAM 20 DM 0	0.0	
	or O Date qualifie	d ac aommitte	07/_	25 , 2017	/		2021 JAN 29 PM 2	: 11)	
	O Date qualifie	u as commu	Date qualifi	ed as committee to provide this date)	Date	of termination			
	/	_/	(ii amending	in broside (iliz da(e)					
1. Committee la	nformation		1. D. Num 1397683	ber (if applicat	ole)		her Principal Officers		
NAME OF COMMITTEE						NAME OF TREASURER			
Oxnard United						Jack Villa			
						STREET ADDRESS (NO P.O. BOX)			
						CITY			
3.0	o. BOX)					Oxnard	state CA	21P CODE 93030	AREA CODE/PHONE
CITY		STATE	ZIP CODE	AREA CODE/P	HONE	NAME OF ASSISTANT TREASURER,	<u> </u>	93030	805-751-6268
Oxnard		CA	93030	805-751		Tritle of Adolosius Meragazing	· · · · · · · · · · · · · · · · · · ·		
MAILING ADDRESS (IF DI	FFERENT)	<u> </u>	30000	000-101		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)					CITY	STATE	ZIP CODE	AREA CODE/PHONE
info@oxnardunite	ed.org								
COUNTY OF DOMICILE		JURISDICTION WE	IERE COMMITTEE IS AC	TIVE		NAME OF PRINCIPAL OFFICER(S)			
Ventura		County of	Ventura			Jack Villa			
**	_					STREET ADDRESS (NO P.O. BOX)			
						CITY			
Attach additional	information on	appropriate	ly labeled cont	inuation sheet.	s.		STATE	ZIP CODE	AREA CODE/PHONE
						Oxnard	CA	93030	805-751-6268
		ence in prep	aring this state				ion contained herein is true	and complete	e. I certify under
Executed on	DATE	Ву					·		
_ ,	DATE				SIGNATURE	OF TREASURER OR ASSISTANT TREASUR	ER		
Executed on	DATE	Ву _		SIGNATURE	OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE N	1EASURE PROPONENT		
Executed on		Ву				,			
Executed on	DATE	Бу _		SIGNATURE (OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE M	TEASURE PROPONENT		
Executed on		Ву _							
	DATE	_		SIGNATURE	OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT		

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee			CALIFORNIA FORM	410
NSTRUCTIONS ON REVERSE			Page 3	
COMM!TTEE NAME			I.D. NUMBER	
Oxnard United			1397683	
4. Type of Committee (Continued)		。	rugh har go go	
☐ CITY Committee	COUNTY Committee STATE Co	sures in a single election. Check only one l mmittee	DOX;	
ROVIDE BRIEF DESCRIPTION OF ACTIVITY To support and oppose candidates and measures in	n elections in Ventura County.			
Sponsored Committee List additional sponsors on a	n attachment.			
NAME OF SPONSOR	INDUSTRY GROUP OR AF	FILIATION OF SPONSOR		
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP CODE	AREA CODE/PHON	JE
Small Contributor Committee				

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been m
 - This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - · This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Statement of Organization **Recipient Committee** INSTRUCTIONS ON REVERSE Page 3 I.D. NUMBER COMMITTEE NAME 1397683 Oxnard United 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY To support and oppose candidates and measures in elections in Ventura County. List additional sponsors on an attachment. Sponsored Committee INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR CITY STATE ZIP CODE AREA CODE/PHONE NO. AND STREET STREET ADDRESS Small Contributor Committee

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

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