NBNN - BA - NM - BM - BBABBBBB

FEC FORM 3X

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

omice 1822 APR 25 AM 10: 53

Rev. 05/2016

TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. , O, X, N, A, R, D, O, R, G, A, N, I, Z, A, T, I, O, N, O, F, ,D,E,M,O,C,R,A,T,SGREATER ADDRESS (number and street) Check if different than previously [C,A]1, 3, 0, 3, 9 reported. (ACC) O, X, N, A, R, D, CITY A STATE A ZIP CODE A FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW **AMENDED** 2 8 0 4 REPORT (N) OR (A) 4. TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Choose One) Report Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report (TER) in the Election on State of 01 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. V_ERONICA MIRANDA Type or Print Name of Treasurer Signature of Treasurer 0 2 Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109. Office **FEC FORM 3X**

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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

W	rite or Type Committee Name		
_	Greater Oxnard O	rganization of De	mocrats
Re	eport Covering the Period: From: .	01 2022	o: 03 / 31 / 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 2 2		
	(b) Cash on Hand at Beginning of Reporting Period	12355.53	
	(c) Total Receipts (from Line 19)	10,000	, 1,00 ₀ ,00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12445.53	12445.53
	Total Disbursements (from Line 31)	36 <u></u> 95	36.29.5
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,2,4,1,8,5,8	1, 2, 4, 1, 8, 5, 8
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	49-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		,
	This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	•
		For further information contact:	
		Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	
	,	Toll Free 800-424-9530	

Local 202-694-1100

SUBCOCKED IN THE TANK TO THE TANK TO THE

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write	or	Type	Committee	Name

GREATER ORGANIZATION DEMOCRATS OXNARD O F

R	eport Covering the Period From:	őű	0 1	2022	То:	0 3	3 1	2 0 2 2
	I. Receipts		1	COLUMN A otal This Period			COLUMN dar Year-	
11.	Contributions (other than loans) From (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	[1000	0 [,]	00.00
	(ii) Unitemized(iii) TOTAL (add Lines 11(a)(i) and (ii)			0.00				0.00
	(b) Political Party Committees					77	77	
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees			100.00	o.		2	100.00
13.	All Loans Received		.			-2	572	
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	[72-				772	
16.	(Carry Totals to Line 37, page 5)	··· [_	47	0.0	<u>o</u>	77		0,00
17.	Other Federal Receipts (Dividends, Interest, etc.)	<u> </u>	 		를 [47	42	474
18.	Transfers from Non-Federal and Levin F (a) Non-Federal Account (from Schedule H3)						- 1 - 2) · · · · · · · · · · · · · · · · · ·	
	(b) Levin Funds (from Schedule H5)						47	
	(c) Total Transfers (add 18(a) and 18(b))	-73			- 22-		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	\	- - 2	100_0	0			100.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	· [100.0	0			1.00,00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Teal-to-pate
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	26.05	
	Expenditures	36.95	36.95
	(c) Total Operating Expenditures	26.05	26.05
	(add 21(a)(i), (a)(ii), and (b))▶	36.95	36.95
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
26	Loan Repayments Made		
_0.	Zoan riopaymono macommuni		
	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(h) Palitical Party Committees		
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	•	
29.	Other Disbursements (Including		
	Non-Federal Donations)	7	
30.	Federal Election Activity (52 U.S.C. § 30101(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid		
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26 05	3.6 0.5
	<u> </u>	3,6,,9,5	3.69.5
32.	Total Federal Disbursements	•	
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	36.95	36, 95

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

COLUMN A	COLUMN B
Total This Period	Calendar Year-to-Date
7	
	Total This Period

COMEDINE A TEC Form OV		·	soo inis innuses lates		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER. PAGE 1 OF 1		
			for each category of the	(check only one)	
			Detailed Summary Page	11a 11b 11c 12	
<u> </u>	us information popied from push Departs and City	0ma=45 =	we not be paid as used to	13 14 15 16 17	
or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	dy not be sold or used by any ped ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
/	NAME OF COMMITTEE (In Full)				
_	GREATER OXNARD (ORGA	NIZATION OF	DEMOCRATS	
Α.	Full Name of Individual (Last, First, Middle Initial) JANE PILIAVIN) or Full O	rganization Name	Date of Receipt	
	Mailing Address 5 1 0 5 S E A L A N	E	W A W	01 27 2022	
	O X N A R D	State C A	Zip Code 9 3 0 3 5	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		100.00	
	Name of Employer (for Individual) RETIRED		upation (for Individual) FESSOR EMERITA	Memo Item	
	Receipt For: ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼1 0 0 0 0		
В.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name	Date of Receipt	
υ.	Mailing Address	Mam / Dab / Yayayay			
	City	State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual)	Осс	upation (for Individual)	Memo Item	
	Primary General	Aggregate	Year-to-Date ▼]	
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt	
	Mailing Address	M • K / D • D / V • V • V • V			
	City	State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	c :			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼		
Γ,	SURTOTAL of Receipts This Page (optional)			100 00	

TOTAL This Period (last page this line number only).....

1,00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only of 21b 28a		PAGE 1 OF 1 26 27 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		by any persoi	n for the purpose of so	liciting contributions
NAME OF COMMITTEE (In Full)		_		
GREATER OXNARD O	R G A N I Z A T I O	N OF	DEMOCRA	T S
Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERV Mailing Address 1 9 6 1 SOUTH C S		Date of Disbursement	2022	
Oxnard Purpose of Disbursement Member Communication Candidate Name Office Sought. House Senate President State: District.		6 0 0 3 Category/ Type	FEC Identification Nu C Amount of Each Dist	oursement this Period
Full Name (Last, First, Middle Initial) B. A C T I O N N E T W O R K Mailing Address 1 9 0 0 L S T R E E T N W ,	SUITE 900		Date of Disbursement	2 0 2 2
		0 0 3 Category/ Type	FEC Identification Nu	oursement this Period

Candidate Name Category/ Type Office Sought. House Disbursement For: Senate Primary General	
Office Sought. House Disbursement For: Senate Primary General	ment this Period
Senate Primary General	26 05
	26.95
President Other (specify) ▼ Memo Item	•
State: District:	
Full Name (Last, First, Middle Initial)	
B. ACTION NETWORK	****
Mailing Address 1900 L STREET NW, SUITE 900	2 0 2 2
City WASHINGTON State DC 20036 FEC Identification Number	
Purpose of Disbursement	· •
Email Service for Member Communication 0 0 3	لسفسه
Condidate Name	ment this Period
Category/ Amount of Each Disburser Type	ment this Period
	1 0 0 0
	1000
President Other (specify) Memo Item	
State: District.	
Full Name (Last, First, Middle Initial)	
ruir raine (Last, First, Middle Millal)	

Mailing Address Date of Disbursement	
C. Date of Disbursement	
C. Mailing Address City State Zip Code FEC Identification Number	
C. Date of Disbursement Mailing Address City State Zip Code	
C. Mailing Address City State Zip Code FEC Identification Number	
Mailing Address City State Zip Code FEC Identification Number Candidate Name	
Mailing Address City Purpose of Disbursement Candidate Name Date of Disbursement FEC Identification Number Category/ Amount of Each Disburser	
Mailing Address City Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disburser	
Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Date of Disbursement Category/ Type Category/ Type	
Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: Other (specify) Other (specify) Other (specify)	
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item	
Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement Category/ Type Other (specify) Other (specify) Other (specify)	
Mailing Address City State Zip Code FEC Identification Number Candidate Name Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Memo Item	ment this Period
Mailing Address City State Zip Code FEC Identification Number Candidate Name Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Memo Item	ment this Period
Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Memo Item	
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	ment this Period
Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Memo Item	ment this Period
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Memo Item Subtrotal of Disbursements This Page (optional)	ment this Period

2022 APR 25 AM 10: 52

SANTA BARBARA CA 931

Federal Election Commission Washington, D.C. 20463 1050 First Street, N.E.

P.O. Box 6645 Oxnard, CA

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Next Business	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	ceipt or Postmarked				
	4/25/22				
(3/20/15)	DATE PREPARED				