

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

G R E A T E R 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 S

ADDRESS (number and street) P O B O X 6 6 4 5

Check if different than previously reported. (ACC) O X N A R D C A 9 3 0 3 1 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 4 2 8 3 7 5

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period

0 1 / 0 1 / 2 0 2 2 through 0 3 / 3 1 / 2 0 2 2

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer V E R O N I C A M I R A N D A

Signature of Treasurer

Veronica Miranda

Date

0 4 / 1 5 / 2 0 2 2

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
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FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Greater Oxnard Organization of Democrats

Report Covering the Period: From: 01 / 01 / 2022 To: 03 / 31 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022		
(b) Cash on Hand at Beginning of Reporting Period.....	1 2 3 5 5 . 5 3	
(c) Total Receipts (from Line 19)	1 0 0 . 0 0	1 0 0 . 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1 2 4 4 5 . 5 3	1 2 4 4 5 . 5 3
7. Total Disbursements (from Line 31).....	3 6 . 9 5	3 6 . 9 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).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

☐ This committee has qualified as a multicandidate 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

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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)			
(i) Federal Share			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures	3695	3695	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3695	3695	
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political 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).....			
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)).....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3695	3695	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3695	3695	

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER. (check only one)

PAGE 1 OF 1

11a 11b 11c 12 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GREATER OXNARD ORGANIZATION OF DEMOCRATS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JANE PILIAVIN

Mailing Address

5 1 0 5 S E A L A N E W A Y

City

O X N A R D

State

C A

Zip Code

9 3 0 3 5

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

R E T I R E D

Occupation (for Individual)

P R O F E S S O R E M E R I T A

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0

Date of Receipt

0 1 / 2 7 / 2 0 2 2

Amount of Each Receipt this Period

1 0 0 0 0

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0

Date of Receipt

0 1 / 2 7 / 2 0 2 2

Amount of Each Receipt this Period

1 0 0 0 0

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0

Date of Receipt

0 1 / 2 7 / 2 0 2 2

Amount of Each Receipt this Period

1 0 0 0 0

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1 0 0 0 0

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

1 0 0 0 0

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)

G R E A T E R 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 S

Full Name (Last, First, Middle Initial)

A. U . S . P O S T A L S E R V I C E

Mailing Address

1 9 6 1 S O U T H C S T R E E T

City

O x n a r d

State

C A

Zip Code

9 3 0 3 6

Purpose of Disbursement

M e m b e r C o m m u n i c a t i o n M a i l i n g s

0 0 3

Candidate Name

Category/
Type

Office Sought.

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
0 2 / 0 3 / 2 0 2 2

FEC Identification Number

C

Amount of Each Disbursement this Period

2 6 . 9 5

☐ Memo Item

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 , S U I T E 9 0 0

City

W A S H I N G T O N

State

D C

Zip Code

2 0 0 3 6

Purpose of Disbursement

E m a i l S e r v i c e f o r M e m b e r C o m m u n i c a t i o n

0 0 3

Candidate Name

Category/
Type

Office Sought.

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
0 3 / 0 7 / 2 0 2 2

FEC Identification Number

C

Amount of Each Disbursement this Period

1 0 . 0 0

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3 6 . 9 5

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

3 6 . 9 5

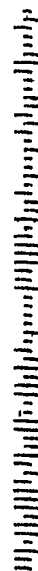
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SANTA BARBARA CA 931


18 APR 2022 PM 2 L

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1050 First Street, N.E.
Washington, D.C. 20463

(四) 寸口



The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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	Next Business Day Delivery <input type="checkbox"/>
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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 PREPARER	4/25/22 DATE PREPARED

PREPARER
(3/2015)

DATE PREPARED