

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year) <u>11/6/2012</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY OF Oxnard CITY CLERK 2012 OCT -5 P 3:59	CALIFORNIA FORM 470 For Official Use Only
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1. **Statement Covers Calendar Year 20** 12.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Oscar Madrigal</u>			
STREET ADDRESS <u>1722 E Second St</u>			
CITY <u>Oxnard</u>	STATE <u>CA</u>	ZIP CODE <u>93030</u>	
AREA CODE/DAYTIME PHONE NUMBER <u>(805) 290-5825</u>		OPTIONAL: FAX/E-MAIL ADDRESS <u>omadrig 07@gmail.com</u>	

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>Oxnard City Council</u>	DISTRICT NUMBER (IF APPLICABLE)
JURISDICTION (LOCATION) <u>Oxnard, CA</u>	

4. Committee Information

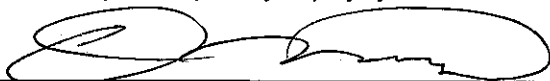
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Madrigal for Council 2012</u> <u>#1352046</u>	<u>1722 E Second St</u> <u>Oxnard, CA 93030</u>	<u>Monica Madrigal-Lopez</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/5/12
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE