Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 20

2. Officeholder or Candidate Information
   - NAME OF OFFICEHOLDER OR CANDIDATE: Oscar Madrigal
   - STREET ADDRESS: 1722 E Second St
   - CITY: Oxnard
   - STATE: CA
   - ZIP CODE: 93030
   - AREA CODE/DAYTIME PHONE NUMBER: (805) 290-5825
   - OPTIONAL: FAX / EMAIL ADDRESS: omadrigal7@gmail.com

3. Office Sought or Held
   - OFFICE SOUGHT OR HELD: Council member
   - JURISDICTION (LOCATION): Oxnard
   - DISTRICT NUMBER (IF APPLICABLE): 

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME AND LD. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madrigal for Oxnard Council 2013</td>
<td>1722 E Second St, Oxnard, CA 93030</td>
<td>Monica Madrigal-Lopez</td>
</tr>
</tbody>
</table>

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 August 6, 2014

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2008)
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov