

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>June 4, 2013</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Date Stamp

CITY OF OXNARD

2013 APR 24 A 9:44

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Oscar Madrigal

STREET ADDRESS
1722 E Second St

CITY STATE ZIP CODE
Oxnard CA 93030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(805) 290-5825 omadrig07@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Oxnard City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Oxnard

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
<p><u>Madrigal for Oxnard City Council 1352046</u></p>	<p><u>1722 E Second St Oxnard, CA 93030</u></p>	<p><u>Monica Madrigal-Lopez</u></p>

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 4/24/13
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE