Statement of Organization
Recipient Committee

Statement Type: Amendment

☐ Initial
☐ Amendment
☐ Termination – See Part 5

License Number: # 1352046

Date qualified as committee: __/__/____
Date qualified as committee (if applicable): __/__/____
Date of Termination: __/__/____

1. Committee Information

NAME OF COMMITTEE: Madrigal for Oxnard Council 2013
STREET ADDRESS (NO P.O. BOX): 1722 E Second St
CITY: Oxnard
STATE: CA
ZIP CODE: 93030
AREA CODE/PHONE: (805) 290-8840

EMAIL ADDRESS: omadrig07@gmail.com
COUNTY OF DOMICILE: Ventura
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Monica Madrigal-Lopez
STREET ADDRESS (NO P.O. BOX): 1722 E Second St
CITY: Oxnard
STATE: CA
ZIP CODE: 93030
AREA CODE/PHONE: (805) 290-8840

NAME OF ASSISTANT TREASURER, IF ANY:
STREET ADDRESS (NO P.O. BOX): 
CITY: 
STATE: 
ZIP CODE: 
AREA CODE/PHONE: 

NAME OF PRINCIPAL OFFICER(S):
STREET ADDRESS (NO P.O. BOX): 
CITY: 
STATE: 
ZIP CODE: 
AREA CODE/PHONE: 

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: 04/06/2013

By: [Signature of Treasurer]
Assistant Treasurer

Executed on: 4/6/13

By: [Signature of Controlling Officeholder]

Executed on:

By: [Signature of Controlling Officeholder]

Executed on:

By: [Signature of Controlling Officeholder]

FPPC Form 410 (April/2011)
*C.Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Statement of Organization**  
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**  
Madrigal for Oxnard Council 2013

**I.D. NUMBER**  
1352046

**4. Type of Committee**  
Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Madrigal</td>
<td>Oxnard City Council</td>
<td>2013</td>
<td>☑ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td>(805) 278-8170</td>
<td>5266814549</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700 E Gonzales Rd</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**  
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR (INCLUDE DISTRICT NO., CITY OR CO)</th>
<th>EASURE(S) JURISDICTION Y, AS APPLICABLE</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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