

56

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial

Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:

1352046

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp

RECEIVED AND FILED
in the Office of the Secretary of State
of the State of California

APR 17 2013

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

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CITY CLERK

MAY -2 P 2:52

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) 290-5885

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL 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

DATE

By

Monica Madrigal-Lopez

SIGNATURE OF TREASURER

ASSISTANT TREASURER

Executed on

4/6/13

DATE

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER

INDICATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER

INDICATE, OR STATE MEASURE PROponent

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Oscar Madrigal	Oxnard City Council	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo	(805) 278-8170	5266814549	
ADDRESS	CITY	STATE	ZIP CODE
1700 E Gonzales Rd	Oxnard	CA	93036

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR (INCLUDE DISTRICT NO., CITY OR CO)	MEASURE(S) JURISDICTION (Y, AS APPLICABLE)	CHECK ONE	
			SUPPORT	OPPOSE