Off ceholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: November 8, 2016

1. Statement Covers Calendar Year 2016

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) 280-5825

OPTIONAL: FAX/E-MAIL ADDRESS
omadrigal07@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

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.

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<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 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 10, 2016

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE