

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____/_____/_____
 _____/_____/_____ Date qualified as committee _____/_____/_____
 _____/_____/_____ Date of termination

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
No on Recall of Oscar Madrigal

STREET ADDRESS (NO P.O. BOX)
1722 E. 2nd St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805 290-5825

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
omadrig07@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Ventura	City of Oxnard

NAME OF TREASURER
Oscar Madrigal

STREET ADDRESS (NO P.O. BOX)
1722 E. 2nd St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805 290-5825

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

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 February 22, 2018 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on February 22, 2018 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

No on Recall of Oscar Madrigal

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 805 278-8170	BANK ACCOUNT NUMBER Redacted
ADDRESS 1700 E. Gonzales Road	CITY Oxnard	STATE CA
		ZIP CODE 93036

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 "nonpartisan." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Oscar Madrigal	Councilmember City of Oxnard	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Recall Oscar Madrigal	Councilmember City of Oxnard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>