**Statement of Organization**

**Recipient Committee**

**Statement Type**
- [ ] Initial
- [x] Amendment
- [ ] Not yet qualified
- [ ] Date qualified as committee

**I.D. Number**
1403224

---

1. **Committee Information**

**NAME OF COMMITTEE**
No on Recall of Oscar Madrigal 2018

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

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93030

**AREA CODE/PHONE**
805 290-5825

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

**COUNTY OF DOMICILE**
Ventura

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
City of Oxnard

---

2. **Treasurer and Other Principal Officers**

**NAME OF TREASURER**
Oscar Madrigal

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

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93030

**AREA CODE/PHONE**
805 290-5825

---

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**
March 29, 2018

**By**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

---

**Executed on**
March 29, 2018

**By**

**SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

---

**Executed on**

**By**

**SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

---

**Executed on**

**By**

**SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

---

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov