Statement of Organization
Recipient Committee

Statement Type ☐ Initial
○ Not yet qualified
or
○ Date qualified as committee

☑ Amendment

___3___/___29___/___2018___
Date qualified as committee

_____/_____/_____
Date of termination

☐ Termination – See Part 5

CALIFORNIA FORM 410

For Official Use Only

_____/_____/_____

1. Committee Information

I.D. Number (if applicable) **1403224**

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
No on Recall of Oscar Madrigal 2018

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
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
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 __March 29, 2018__ By _____
         DATE   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on __March 29, 2018__ By _____
         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

FPPC Form 410 (February/2018)
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