1. **Type of Recipient Committee:**

- [ ] Offholder, Candidate Controlled Committee
- [x] Primarily Formed Ballot Measure Committee
- [x] Controlled
- [ ] Sponsored
- [x] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- [x] Primarily Formed Candidate/Officeholder Committee

Date of election if applicable:
- (Month, Day, Year)
- May 1, 2018

2. **Type of Statement:**

- [x] Preelection Statement
- [ ] Quarterly Statement
- [ ] Semi-Annual Statement
- [ ] Special Odd-Year Report
- [ ] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

3. **Committee Information**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1403224</th>
</tr>
</thead>
</table>

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**

No on Recall of Oscar Madrigal

**STREET ADDRESS (NO P.O. BOX)**

1722 E. 2nd Street

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-290-5825</td>
</tr>
</tbody>
</table>

**MAILING ADDRESS**

1722 E. 2nd Street

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-290-5825</td>
</tr>
</tbody>
</table>

**NAME OF ASSISTANT TREASURER, IF ANY**

**MAILING ADDRESS**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OPTIONAL: FAX / E-MAIL ADDRESS**

omadrig07@gmail.com

4. **Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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**

- April 18, 2018
- April, 2018
- Date
- Date
- Date

**By**

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Offholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Offholder, Candidate, State Measure Proponent

Signature of Controlling Offholder, Candidate, State Measure Proponent

FFPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE Sought OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard United Against the Recall</td>
<td>1397683</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Villa</td>
<td>☑ YES ☐ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>619 S G St</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td>805-751-6268</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard Council Recall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City of Oxnard</td>
<td>☑ OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Madrigal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Oxnard Council member</td>
<td></td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee  *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<th>OPPOSE</th>
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<tbody>
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<th>SUPPORT</th>
<th>OPPOSE</th>
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<td></td>
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<thead>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☑ OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**

---

**FPCC Form 460 (Jan/2016)**

FPCC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
### Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $1150.00 $1150.00
2. Loans Received .................................................... Schedule B, Line 3 $4000.00 $10627.36
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $5150.00 $11777.36
4. Nonmonetary Contributions .................................... Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED ...................... Add Lines 3 + 4 $5150.00 $11777.36

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $4300.00 $10358.44
7. Loans Made ....................................................... Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $4300.00 $10358.44
9. Accrued Expenses (Unpaid Bills) ............................. Schedule F, Line 3
10. Nonmonetary Adjustment ...................................... Schedule C, Line 3
11. TOTAL EXPENDITURES MADE ............................. Add Lines 8 + 9 + 10 $4300.00 $10358.44

### Current Cash Statement

12. Beginning Cash Balance ..................................... Previous Summary Page, Line 16 $568.92
13. Cash Receipts ...................................................... Column A, Line 3 above $5150.00
14. Miscellaneous Increases to Cash ............................ Schedule I, Line 4
15. Cash Payments ..................................................... Column A, Line 8 above $4300.00
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $1418.92

*If this is a termination statement, Line 16 must be zero.*

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .................................................. See instructions on reverse
19. Outstanding Debts .............................................. Add Line 2 + Line 9 in Column B above $10627.36

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- 1/1 through 6/30: $10627.36
- 7/1 to Date: $11777.36

### Expenditure Limit Summary for State Candidates

- Date of Election (mm/dd/yy): 
- Total to Date: $10358.44

*Amounts in this section may be different from amounts reported in Column B.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/29/18</td>
<td>Richard Francis 711 S A Street Oxnard, CA 93030</td>
<td>√ IND</td>
<td>Law Offices of Richard Francis &amp; Associates</td>
<td>1,000</td>
<td>1,000</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ........................................... $ 1,000

2. Amount received this period – unitemized monetary contributions of less than $100 .................. $ 150

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................ $ 1,150

*Sponsor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
## Schedule B – Part 1
### Loans Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
</tr>
</thead>
<tbody>
<tr>
<td>from March 18, 2018</td>
</tr>
<tr>
<td>through April 14, 2018</td>
</tr>
</tbody>
</table>

**CALIFORNIA FORM 460**

**Page 5 of 6**

**NAME OF FILER**

No on Recall of Oscar Madrigal

**I.D. NUMBER**

1403224

### If an Individual, Enter Occupation and Employer

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If Committee, also enter I.D. Number)</td>
</tr>
</tbody>
</table>

| Oscar Madrigal                                  |
| Council member, Oxnard                          |
| 1722 E. 2nd Street, Oxnard, CA 93030            |

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

| If an Individual, Enter Occupation and Employer |
| (If Self-Employed, Enter Name of Business)     |

<table>
<thead>
<tr>
<th>IN,</th>
<th>COM</th>
<th>OTH</th>
<th>PTY</th>
<th>SCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OUTSTANDING BALANCE BEGINNING THIS PERIOD**

$6627.36

**AMOUNT PAID OR FORGIVEN THIS PERIOD**

- **PAID:**
  - $0

- **FORGIVEN:**
  - $0

**INTEREST PAID THIS PERIOD**

- **PAID:**
  - $0

- **FORGIVEN:**
  - $0

**ORIGINAL AMOUNT OF LOAN**

- **PAID:**
  - $0

- **FORGIVEN:**
  - $0

**CUMULATIVE CONTRIBUTIONS TO DATE**

- **PAID:**
  - $0

- **FORGIVEN:**
  - $0

**TOTALS**

$4000.00  $10627.36

### Schedule B Summary

1. Loans received this period
   
   (Total Column (b) plus unitemized loans of less than $100.)

   $4000.00

2. Loans paid or forgiven this period
   
   (Total Column (c) plus loans under $100 paid or forgiven.)

   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)
   
   Enter the net here and on the Summary Page, Column A, Line 2.

   **NET:**

   $4000.00

**Contributor Codes**

- **IND** – Individual
- **COM** – Recipient Committee (other than PTY or SCC)
- **OTH** – Other (e.g., business entity)
- **PTY** – Political Party
- **SCC** – Small Contributor Committee

**FPPC Form 460 (Jan/2016)**

**FPPC Advice: advice@fppc.ca.gov (866/275-3772)**

**www.fppc.ca.gov**

*Amounts forgiven or paid by another party also must be reported on Schedule A.

**If required.**
## Schedule E
### Payments Made

**NAME OF FILER**
No on Recall of Oscar Madrigal

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers’ salaries
- TEL: t.v. or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/spONSor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

### Payments Made Table

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOOD Club</td>
<td>CMP</td>
<td></td>
<td>$300.00</td>
</tr>
<tr>
<td>555 South A St., Suite 140</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zero Week Solutions</td>
<td>LIT</td>
<td></td>
<td>$4,000.00</td>
</tr>
<tr>
<td>P.O. Box 3011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thousand Oaks, CA 91359</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** $4,300.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 4,300.00
2. Unitemized payments made this period of under $100.......................................................... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................. TOTAL $4,300.00

**FPPC Form 460 (Jan/2016)**
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www.fppc.ca.gov