1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [x] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
     (Also Complete Part 5)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 5)

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1403224
   - 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
   - CITY STATE ZIP CODE AREA CODE/PHONE
     Oxnard CA 93030 805-290-5825
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   - CITY STATE ZIP CODE AREA CODE/PHONE
   - 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: January 30, 2018
   Date

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on: January 30, 2018
   Date

   By ____________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on: __________________
   Date

   By ____________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on: __________________
   Date

   By ____________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.

COMMITTEE NAME I.D. NUMBER
Oxnard United Against the Recall 1397683

NAME OF TREASURER CONTROLLED COMMITTEE?
Jack Villa YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
619 S G St

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 805-751-6268

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Oxnard Council Recall JURISDICTION

BALLOT NO. OR LETTER City of Oxnard SUPPORT

☑ OPPOSE

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

NAME OF OFFICEEHOLDER, CANDIDATE, OR PROponent
Oscar Madrigal

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
City of Oxnard Council member

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

NAME OF OFFICEEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT

☑ OPPOSE

NAME OF OFFICEEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT

☑ OPPOSE

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☑ OPPOSE

NAME OF OFFICEEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT

☑ OPPOSE

Name of Officeholder or Candidate: Oscar Madrigal

Committee Address: 619 S G St, Oxnard, CA 93030

Phone Number: 805-751-6268

[Attach continuation sheets if necessary]
### Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THE PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDARYEAR TO DATE</td>
</tr>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

### Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $ | 11707.08 |
| 7. Loans Made | Schedule H, Line 3 | 0 | |
| SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | 0 | 11707.08 |
| Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | | |
| Nonmonetary Adjustment | Schedule C, Line 3 | | |
| TOTAL EXPENSES MADE | Add Lines 8 + 9 + 10 | 0 | 11707.08 |

### Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ | 270.28 |
| 13. Cash Receipts | Column A, Line 3 above | 0 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | | |
| 15. Cash Payments | Column A, Line 8 above | 0 | |
| ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ | 270.28 |

**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 | $ | 10827.36 |

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

- 1/1 through 6/30
- 7/1 to Date
- Contributions Received
- Expenditures Made

### Expenditure Limit Summary for State Candidates

- 22. Cumulative Expenditures Made*(If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

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

---

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
### Schedule B – Part 1

**Loans Received**

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

**Statement covers period from October 21, 2018 through December 31, 2018**

**Page 4 of 4**

**I.D. NUMBER**

1403224

---

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD*</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
</table>
| Oscar Madrigal
1722 E. 2nd Street
Oxnard, CA 93030 | Council member,
City of Oxnard | $10827.36 | 0 | $10827.36 | 0 % RATE | $________ |
|  |  |  |  |  | DATE DUE | DATE INCURRED | CALENDAR YEAR | FER ELECTION** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**SUBTOTALS** $________ $________ $10827.36

---

**Schedule B Summary**

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

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

3. Net change this period. (Subtract Line 2 from Line 1.)

Enter the net here and on the Summary Page, Column A, Line 2.

---

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

**If required.

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**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

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FPSC Form 460 (JAN/2016)
FPSC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov