Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

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
     - [ ] Sponsored (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] 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: Oxnard
     - STATE: CA
     - ZIP CODE: 93030
     - AREA CODE/PHONE: 805-290-5825

   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 1722 E. 2nd Street
   - CITY: Oxnard
     - STATE: CA
     - ZIP CODE: 93030
     - AREA CODE/PHONE: 805-290-5825

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: July 30, 2019
   Date: 

   Executed on: July 30, 2019
   Date: 

   Executed on: 
   Date: 

   Executed on: 
   Date: 

   By: 
   Signature of Treasurer or Assistant Treasurer

   By: 
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By: 
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |

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

6. Primarily Formed Ballot Measure Committee

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<tr>
<th>NAME OF BALLOT MEASURE</th>
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<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
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| City of Oxnard |

| SUPPORT | OPPOSE |

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
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| Oscar Madrigal |

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
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| 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. |

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<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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<th>OPPOSE</th>
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Attach continuation sheets if necessary
Contributions Received

1. Monetary Contributions
   Schedule A, Line 3
   TOTAL THIS PERIOD ($магазин, денежные переводы) $0
   Column B
   TOTAL TO DATE ($магазин, денежные переводы) $0

2. Loans Received
   Schedule B, Line 3
   TOTAL THIS PERIOD ($магазены, денежные переводы) $0
   Column B
   TOTAL TO DATE ($магазены, денежные переводы) $0

3. SUBTOTAL CASH CONTRIBUTIONS
   Add Lines 1 + 2
   Column B
   TOTAL TO DATE ($магазены, денежные переводы) $0

4. Nonmonetary Contributions
   Schedule C, Line 3
   TOTAL THIS PERIOD ($магазин, денежные переводы) $0
   Column B
   TOTAL TO DATE ($магазин, денежные переводы) $0

5. TOTAL CONTRIBUTIONS RECEIVED
   Add Lines 3 + 4
   Column B
   TOTAL TO DATE ($магазин, денежные переводы) $0

Expenditures Made

6. Payments Made
   Schedule E, Line 4
   TOTAL THIS PERIOD ($магазены, денежные переводы) $0
   Column B
   TOTAL TO DATE ($магазены, денежные переводы) $0

7. Loans Made
   Schedule H, Line 3
   TOTAL THIS PERIOD ($магазены, денежные переводы) $0
   Column B
   TOTAL TO DATE ($магазин, денежные переводы) $0

8. SUBTOTAL CASH PAYMENTS
   Add Lines 6 + 7
   Column B
   TOTAL TO DATE ($магазин, денежные переводы) $0

9. Accrued Expenses (Unpaid Bills)
   Schedule F, Line 3
   TOTAL THIS PERIOD ($магазин, денежные переводы) $0
   Column B
   TOTAL TO DATE ($магазин, денежные переводы) $0

10. Nonmonetary Adjustment
    Schedule C, Line 3
    TOTAL THIS PERIOD ($магазены, денежные переводы) $0
    Column B
    TOTAL TO DATE ($магазены, денежные переводы) $0

11. TOTAL EXPENDITURES MADE
    Add Lines 8 + 9 + 10
    Column B
    TOTAL TO DATE ($магазин, денежные переводы) $0

Current Cash Statement

12. Beginning Cash Balance
    Previous Summary Page, Line 16
    $270.28

13. Cash Receipts
    Column A, Line 3 above
    TOTAL THIS PERIOD ($магазин, денежные переводы) $0

14. Miscellaneous Increases to Cash
    Schedule I, Line 4
    TOTAL THIS PERIOD ($магазин, денежные переводы) $0

15. Cash Payments
    Column A, Line 8 above
    TOTAL THIS PERIOD ($магазин, денежные переводы) $0

16. 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.

17. LOAN GUARANTEES RECEIVED
    Schedule B, Part 2
    TOTAL THIS PERIOD ($магазены, денежные переводы) $0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    See instructions on reverse
    TOTAL THIS PERIOD ($магазин, денежные переводы) $0

19. Outstanding Debts
    Add Line 2 + Line 9 in Column B above
    TOTAL THIS PERIOD ($магазин, денежные переводы) $0

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

20. Contributions Received
    $0
    Column B
    TOTAL TO DATE ($магазин, денежные переводы) $0

21. Expenditures Made
    $0
    Column B
    TOTAL TO DATE ($магазин, денежные переводы) $0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
    Date of Election (mm/dd/yy)
    TOTAL TO DATE ($магазены, денежные переводы) $0

*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).

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
No on Recall of Oscar Madrigal

<table>
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<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</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 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>
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<tr>
<td>Oscar Madrigal</td>
<td>Council member, City of Oxnard</td>
<td>$10827.36</td>
<td>0</td>
<td>$10827.3</td>
<td>0%</td>
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**SUBTOTALS**  $0 $10827.36 $0 $0

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 .................................................... $ 10827.36 
   (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 $10827.36
   (May be a negative number)

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

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