

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	9 / 21 / 2020	____/____/____

Date Stamp
Oxnard City Clerk
2020 SEP 24 PM 5:40

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				I.D. Number 1431529 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Oscar Madrigal for Oxnard City Council District 3 2020				NAME OF TREASURER Oscar Madrigal				STREET ADDRESS (NO P.O. BOX) 1722 E. Second St.			
STREET ADDRESS (NO P.O. BOX) 1722 E. Second St.				CITY Oxnard	STATE CA	ZIP CODE 93030	AREA CODE/PHONE 805-290-5825				
CITY Oxnard	STATE CA	ZIP CODE 93030	AREA CODE/PHONE 805-290-5825			NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) omadrig07@gmail.com				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Ventura	JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard			CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			

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 September 24, 2020 By Redacted
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/29/2020 By Redacted
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Oscar Madrigal for Oxnard City Council District 3 2020	I.D. NUMBER 1431529
--	------------------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 805-278-8170	BANK ACCOUNT NUMBER Redacted	
ADDRESS 1700 E. Gonzales Road	CITY Oxnard	STATE CA	ZIP CODE 93036

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Oscar Madrigal	Oxnard City Council District 3	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE