Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 6

Date qualification threshold met
☐ Not yet qualified or
☐ Date qualification threshold met
9/21/2020

Date of termination

1. Committee Information
I.D. Number 1431529

NAME OF COMMITTEE
Oscar Madrigal for Oxnard City Council District 3 2020

STREET ADDRESS (NO P.O. BOX)
1722 E. Second St.

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
805-290-5825

NAME OF TREASURER
Oscar Madrigal

STREET ADDRESS (NO P.O. BOX)
1722 E. Second St.

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
805-290-5825

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
omadrig07@gmail.com

FULL MAILING ADDRESS (IF DIFFERENT)

COUNTY OF DOMICILE
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE
Oxnard

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 September 24, 2020

By

Redacted

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/24/2020

By

Redacted

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

California Form 410 (August/2018)
FPCC Advice: advice@fpc.ca.gov (866/275-3772)
www.fpc.ca.gov
**Statement of Organization**

Recipients Committee

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Oscar Madrigal for Oxnard City Council District 3 2020

**L.O. NUMBER**
1431529

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td>805-278-8170</td>
<td>Redacted</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Madrigal</td>
<td>Oxnard City Council District 3</td>
<td>2020</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
</table>

**FPPC Form 410 (August/2018)**

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