Statement of Organization
Recipient Committee

Statement Type  □ Initial  □ Amendment  □ Termination – See Part E
O Not yet qualified or
O Date qualified as committee

3/29/2018 8/31/2020

1. Committee Information  I.D. Number  1403224

NAME OF COMMITTEE:
No on Recall of Oscar Madrigal 2018

STREET ADDRESS (NO PO. BOX):
1722 E. 2nd St.

CITY  STATE  ZIP CODE
Oxnard  CA  93030

MAILING ADDRESS IF DIFFERENT:

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

COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE:
Ventura  City of Oxnard

2. Treasurer and Other Principal Officers

NAME OF TREASURER:
Oscar Madrigal

STREET ADDRESS (NO PO. BOX):
1722 E. 2nd St.

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Oxnard  CA  93030  805 290-5825

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO PO. BOX):

CITY  STATE  ZIP CODE  AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S):

STREET ADDRESS (NO PO. 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  August 31, 2020  By

Executed on  August 31, 2020  By

Executed on  DATE  By

Executed on  DATE  By

Executed on  DATE  By

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
No on Recall of Oscar Madrigal 2018

- 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>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700 E. Gonzales Road</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Madrigal</td>
<td>Councilmember City of Oxnard</td>
<td>2018</td>
<td>✓</td>
<td>Nonpartisan Partisan [list political party below]</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>
<tbody>
<tr>
<td>Recall Oscar Madrigal</td>
<td>Councilmember City of Oxnard</td>
<td>✓</td>
</tr>
</tbody>
</table>

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