

**Statement of Organization
Recipient Committee**

Oxnard City Clerk

Oxnard City Clerk

CALIFORNIA FORM 410
 For Official Use Only
 in the office of the Secretary of State
 of the State of California
SEP 29 2020

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met 9 / 21 / 2020

Termination - See Part 5
 Date of termination _____

2020 OCT 12 AM 8:01

2020 SEP 24 PM 5:40

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		I.D. Number (if applicable) 1431529		NAME OF TREASURER			
Oscar Madrigal for Oxnard City Council District 3 2020				Oscar Madrigal			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
1722 E. Second St.				1722 E. Second St.			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93030	805-290-5825	Oxnard	CA	93030	805-290-5825
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
omadrig07@gmail.com				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Ventura	Oxnard			STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				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 9/24/2020 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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Oscar Madrigal for Oxnard City Council District 3 2020	I.D. NUMBER 1431529
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- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Oscar Madrigal	Oxnard City Council District 3	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE