## Statement of Organization

### Recipient Committee

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Amendment</th>
<th>Termination – See Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of qualification threshold met**

Date: 9 / 21 / 2020

### 1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>1431529</th>
</tr>
</thead>
</table>

**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

**E-mail Address (Required) / Fax (Optional)**

omadrig07@gmail.com

**County of Domicile**

Ventura

**Jurisdiction Where Committee is Active**

Oxnard

### 2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>Name of Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Madrigal</td>
</tr>
</tbody>
</table>

**Street Address (No P.O. Box)**

1722 E. Second St.

**City**

Oxnard

**State**

CA

**Zip Code**

93030

**Area Code/Phone**

805-290-5825

### 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**

Redacted

**Signature of Controlling Officer, Holder, Candidate, or State Measure Proponent**

Redacted

**Signature of Controlling Officer, Holder, Candidate, or State Measure Proponent**

Redacted

**Signature of Controlling Officer, Holder, Candidate, or State Measure Proponent**

Redacted

**Signature of Controlling Officer, Holder, Candidate, or State Measure Proponent**

Redacted

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

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Madrigal for Oxnard City Council District 3 2020</td>
<td>1431529</td>
</tr>
</tbody>
</table>

- 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>PARTY CHECK ONE</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)</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></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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