# 497 Contribution Report

Amounts may be rounded to whole dollars.

**NAME OF FILER**
Oscar Madrigal

**AREA CODE/PHONE NUMBER**
805-290-5825

**I.D. NUMBER (if applicable)**
1431529

**STREET ADDRESS**
Redacted

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93030

**Date of This Filing**
10/19/2020

**Report No.**
3

**Date Stamp**
2020

**CALIFORNIA FORM**
497

For Official Use Only

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## 1. Contribution(s) Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE*</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19/20</td>
<td>Oxnard Peace Officers Association Redacted Oxnard, CA 93030-5711</td>
<td>☑ COM</td>
<td></td>
<td>1,000.00</td>
</tr>
</tbody>
</table>

*Contributor Codes

- IND - Individual
- COM - Recipient Committee (other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

Reason for Amendment: ________________________________

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FPPC Form 497 (Feb/2019)
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