Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from September 20, 2020
through October 17, 2020

Date of election if applicable:
(Month, Day, Year)

2020

November 3, 2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Preliminary Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1431529

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Oscar Madrigal for Oxnard City Council District 3 2020

STREET ADDRESS (NO P.O. BOX)
Redacted

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Redacted

CITY
CITY
STATE
STATE
ZIP CODE
ZIP CODE
AREA CODE/PHONE
AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing

Executed on October 22, 2020 
Date
By ________________________________

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on October 22, 2020
Date
By ________________________________

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on 
Date
By ________________________________

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on 
Date
By ________________________________

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Oscar Madrigal

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Oxnard City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Redacted Oxnard CA 93030

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3: $3,799
2. Loans Received
   - Schedule B, Line 3: $1,600
3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2: $5,399
4. Nonmonetary Contributions
   - Schedule C, Line 3: $0
5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4: $5,399

## Expenditures Made

6. Payments Made
   - Schedule E, Line 4: $4,188.70
7. Loans Made
   - Schedule H, Line 3: $0
8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7: $4,188.70
9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3: $0
10. Nonmonetary Adjustment
    - Schedule C, Line 3: $0
11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10: $4,188.70

## Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16: $1,323.84
13. Cash Receipts
    - Column A, Line 3 above: $5,399.00
14. Miscellaneous Increases to Cash
    - Schedule I, Line 4: $0
15. Cash Payments
    - Column A, Line 8 above: $4,188.70
16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15: $2,534.14

*If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse
19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above: $3,000

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**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made*
    - If Subject to Voluntary Expenditure Limit
    - Date of Election (mm/dd/yyyy): $______
    - Total to Date: $______

*Amounts in this section may be different from amounts reported in Column B.

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**Campaign Disclosure Statement**

**Summary Page**

Amounts may be rounded to whole dollars.

Statement covers period from **September 20, 2020** through **October 17, 2020**

Oscar Madrigal for Oxnard City Council, District 3 2020

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**FPPC Form 460 (Jan/2016)**

FPPC Advice: advice@fppc.ca.gov (866/775-3772)

www.fppc.ca.gov
## Schedule A
Monetary Contributions Received

### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**
Oscar Madrigal for Oxnard City Council District 3 2020

**CALIFORNIA FORM 460**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/21/2020</td>
<td>Oxnard Chamber of Commerce Political Action Committee, Oxnard, CA 93036 FPCC # 961270</td>
<td>☑ IND</td>
<td>Councilmember City of Oxnard</td>
<td>$1,000.00</td>
<td>$1,000.00</td>
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<tr>
<td>9/21/2020</td>
<td>Bert E. Perello, Oxnard, CA 93036</td>
<td>☑ IND</td>
<td></td>
<td>$250.00</td>
<td>$250.00</td>
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<td>9/24/2020</td>
<td>Laborers INT. Union of North America Local No. 585, AFL-CIO PAC Account, Ventura, CA 93003</td>
<td>☑ IND</td>
<td></td>
<td>$1,000.00</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>10/05/2020</td>
<td>Maria C. Ramirez, Oxnard, CA 93030</td>
<td>☑ IND</td>
<td>Self-Employed</td>
<td>$200.00</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td>10/08/2020</td>
<td>Greater Oxnard Organization of Democrats, Oxnard, CA 93031 FPCC #1233654</td>
<td>☑ IND</td>
<td></td>
<td>$750.00</td>
<td>$750.00</td>
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</table>

**SUBTOTAL** $3,200.00

### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .................................................. $3,700.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................................................. $99.00

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. TOTAL $3,799.00

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@ppcc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule A (Continuation Sheet)
#### Monetary Contributions Received

Amounts may be rounded to whole dollars.

**Statement covers period**

- **from** September 20, 2020
- **through** October 17, 2020

**NAME OF FILER**

Oscar Madrigal for Oxnard City Council District 3 2020

**I.D. NUMBER**

1431529

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREETADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/08/2020</td>
<td>Central Coast Labor Council PAC</td>
<td>COM</td>
<td></td>
<td>$500.00</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redacted</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Camarillo, CA 93012  FPPC# 890222</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL** $ 500.00

---

*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
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

| Statement covers period from September 20, 2020________through October 17, 2020________ |
|____________________________________________________|____________________________________________________|
| I.D. NUMBER | 1431529 |

Oscar Madrigal for Oxnard City Council District 3 2020

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (OF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(d) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(e) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(f) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(g) INTEREST PAID THIS PERIOD</th>
<th>(h) ORIGINAL AMOUNT OF LOAN</th>
<th>(i) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Madrigal Redacted City Council Member City of Oxnard</td>
<td></td>
<td>1,400</td>
<td>$3,000</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 IND</td>
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<tr>
<td>$1,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2 IND</td>
<td></td>
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</tr>
<tr>
<td>$1,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>$1,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>3 IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>$1,600</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $1,600

Schedule B Summary

1. Loans received this period.................................................................$1,600
   (Total Column (b) plus unititized loans of less than $100.)

2. Loans paid or forgiven this period...............................................................$1,600
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)..........................NET $1,600
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from September 20, 2020 through October 17, 2020

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

I.D. NUMBER 1431529

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
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<tbody>
<tr>
<td>Election Digest</td>
<td>22410 Hawthorne Blvd, Suite 5 Torrance CA 90505</td>
<td>LIT</td>
<td>$516.00</td>
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<td>FPPC ID #1345303</td>
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<tr>
<td>1st Imprint</td>
<td>LIT</td>
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<td>$691.67</td>
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<td>1323 W. Gonzales Road Oxnard, CA 93036</td>
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<tr>
<td>1st Imprint</td>
<td>LIT</td>
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<td>$634.78</td>
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<tr>
<td>1323 W. Gonzales Road Oxnard, CA 93036</td>
<td></td>
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</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1,842.45

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 4,150.20
2. Unitemized payments made this period of under $100 $ 38.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 4,188.70

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@ppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Oscar Madrigal for Oxnard City Council District 3 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP:** campaign paraphernalia/misc.
- **CNS:** campaign consultants
- **CTB:** contribution (explain nonmonetary)*
- **CVC:** civic donations
- **FIL:** candidate filing/ballot fees
- **FND:** fundraising events
- **IND:** independent expenditure supporting/opposing others (explain)*
- **LEG:** legal defense
- **LIT:** campaign literature and mailings
- **MBR:** member communications
- **MTG:** meetings and appearances
- **OFC:** office expenses
- **PET:** petition circulating
- **PHO:** phone banks
- **POL:** polling and survey research
- **POS:** postage, delivery and messenger services
- **PRO:** professional services (legal, accounting)
- **PRT:** print ads
- **RAD:** radio airtime and production costs
- **RFD:** returned contributions
- **SAL:** campaign workers' salaries
- **TEL:** t.v. or cable airtime and production costs
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- **TRS:** staff/spouse travel, lodging, and meals
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- **VOT:** voter registration
- **WEB:** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
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<td>1st Imprint</td>
<td>CMP</td>
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<td>1323 W. Gonzales Road Oxnard, CA 93036</td>
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<td>BB Mailing Services</td>
<td>POS</td>
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<tr>
<td>2401 Eastman Ave Suite 25 Oxnard, CA 93030</td>
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</tbody>
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*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

SUBTOTAL $ 2,307.75