**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**
10/29/2020

**Report No.**
4

**No. of Pages**
1

**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>10/29/20</td>
<td>Southern California District Council of Laborers PAC Small Contributions Redacted Long Beach, CA 90802 FPPC #1358150</td>
<td>COM</td>
<td></td>
<td>1,000.00</td>
</tr>
</tbody>
</table>

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTP 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)**

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

www.fppc.ca.gov