

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

Date Stamp

Oxnard City Clerk

2020 JUL 31 PM 12:27

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		Oscar Madrigal for Oxnard City Council District 3 2020		NAME OF TREASURER Oscar Madrigal			
STREET ADDRESS (NO P.O. BOX)		[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]			
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)		omadrig07@gmail.com		STREET ADDRESS (NO P.O. BOX)			
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 7/31/20 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/31/20 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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COMMITTEE NAME Oscar Madrigal for Oxnard City Council District 3 2020	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (805) 278-8170	BANK ACCOUNT NUMBER Redacted
ADDRESS 1700 E Gonzalez Rd.	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Oscar Madrigal	City Council District 3	2020	Nonpartisan	Partisan	(list political party below)
			X		
			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

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COMMITTEE NAME

Oscar Madrigal for Oxnard City Council District 3 2020

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.