

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

9 / 21 / 2020

☐ Termination – See Part 5

Date of termination

2020 OCT 12 AM 8:01

Date Stamp
Oxnard City Clerk

2020 SEP 24 PM 5:10

**CALIFORNIA
FORM 410**

For Official Use Only
in the office of the Secretary of State
of the State of California

SEP 29 2020

1. Committee Information		I.D. Number 1431529 <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]				[REDACTED]			
CITY Oxnard	STATE CA	ZIP CODE 93030	AREA CODE/PHONE 805-290-5825	CITY Oxnard	STATE CA	ZIP CODE 93030	AREA CODE/PHONE 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)			
CITY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE Oxnard		CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				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 September 24, 2020 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/24/2020 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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER
1431529

COMMITTEE NAME
Oscar Madrigal for Oxnard City Council District 3 2020

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 805-278-8170	BANK ACCOUNT NUMBER Redacted	
ADDRESS 1700 E. Gonzales Road	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	Oxnard City Council District 3	2020	Nonpartisan	Partisan	(list political party below)
			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