

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Oscar Madrigal		Date of This Filing 11/2/2020	RECEIVED Oxnard City Clerk Date Stamp NOV -2 PM 2:50	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-290-5825	I.D. NUMBER (if applicable) 1431529	Report No. 5		
STREET ADDRESS Redacted		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93030		
		No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/30/20	Southwest Regional Council of Carpenters Political Action Fund Small Contributor Committee Redacted Los Angeles, CA 90071 FPPC #870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

* 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: _____