

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

CITY OF OXNARD

497 CONTRIBUTION REPORT

NAME OF FILER Oxnard Coalition for Jobs and Transparency		Date of This Filing <u>10/30/2012</u>	Date Stamp CITY CLERK 2012 OCT 31 A 8:14 By fasc LB	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714-540-2295	I.D. NUMBER (if applicable) 1352439	Report No. <u>3</u>		
STREET ADDRESS 1237 S Victoria Ave #407		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard, CA	STATE CA	ZIP CODE 93035		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/2012	Citizens for a Safe and Prosperous Oxnard (#1301130) 3699 Wilshire Blvd #1290 Los Angeles, CA 90010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		26,000.00 <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

Reason for Amendment: _____

*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