

497 Contribution Report

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

CITY OF OXNARD 497 CONTRIBUTION REPORT

NAME OF FILER Nancy Acosta, Treasurer, Re-Elect Carmen Ramirez to City Council 2014		Date of This Filing 9-8-2014	CITY OF OXNARD CITY CLERK 2014 SEP - 8 P 1: 15	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805 485-8026	I.D. NUMBER (if applicable) 1369315	Report No. 1-2014		
STREET ADDRESS 631 Ivywood Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY Oxnard	STATE CA		ZIP CODE 93036	

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
9-8-2014	Janet K. McGinnis 924 Anacapa Street, Suite I-M Santa Barbara California 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed <i>Attorney</i>	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

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