

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER MacDonald for Mayor - Oxnard 2014			Date of This Filing 9-15-2014	Date Stamp CITY OF OXNARD CITY CLERK 2014 SEP 15 P 6:21 <i>emailed 5:45 p.m. DM</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805.857.5236	I.D. NUMBER (if applicable) 1366281	Report No. 2-2014			
STREET ADDRESS 355 South G Street			<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
9/15/2014	E.R.E. Sheep Co. GP 7933 Calloway Drive Bakersfield, CA 93314	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/15/2014	California Grape Co. LLC 5201 California Ave, Suite 460 Bakersfield, CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
	////	<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 _____% <small>Provide interest rate</small>

****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: _____

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

Reason for Amendment: _____