

Late Contribution Report

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Amounts may be rounded to whole dollars.

CITY OF OXNARD
CITY CLERK

LATE CONTRIBUTION REPORT

NAME OF FILER LINDA R. LINDEMANN		Date of This Filing 9/15/2014	Date Stamp 2014 SEP 15 A 11: 5	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-604-1700	I.D. NUMBER (if applicable) pending	Report No. 1		
STREET ADDRESS 1250 OSTRICH HILL RD.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY OXNARD	STATE CA	ZIP CODE 93036	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9-10-2014	LINDA R. LINDEMANN 1250 OSTRICH HILL RD. OXNARD, CA 93036	LINDA R. LINDEMANN CITY COUNCIL OXNARD, CA	\$1,000.00 (LOAN)	11-04-2014

Reason for Amendment: _____