

# 497 24-HOUR CONTRIBUTION REPORT

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

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> OXNARD FIREFIGHTERS LOCAL 1684 PAC		<b>Date of This Filing</b> <u>9/13/2014</u>	Date Stamp <b>CITY OF OXNARD</b> <b>CITY CLERK</b>  2014 SEP 15 A 8:00	<b>CALIFORNIA</b> <b>FORM 497</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (805) 660-1198	<b>I.D. NUMBER (if applicable)</b> 801523	<b>Report No.</b> <u>R3</u>		
<b>STREET ADDRESS</b> 249 CALLE LARIOS		<input type="checkbox"/> <b>Amendment to Report No.</b> <u>000</u> <small>(explain below)</small>		
<b>CITY</b> CAMARILLO	<b>STATE</b> CA	<b>ZIP CODE</b> 93010	<b>No. of Pages</b> <u>2</u>	
			Page 1	of 2

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>AREA CODE/PHONE NUMBER</b> (805) 660-1198	<b>I.D. NUMBER (if applicable)</b> 801523	<b>Report No.</b> <u>R3</u>		
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<b>CITY</b> CAMARILLO	<b>STATE</b> CA	<b>ZIP CODE</b> 93010	Page 2 of 2	

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING 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>
9/15/2014	RE-ELECT CARMEN RAMIREZ FOR OXNARD COUNCIL 2014 631 IVYWOOD OXNARD, CA 93030 1369315	CARMEN RAMIREZ Office Description: CITY COUNCIL Jurisdiction: City Office Held	\$1,000.00	11/4/2014

Reason for Amendment: