

497 Contribution Report

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

CITY OF OXNARD
CITY Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Nancy Acosta, Treasurer, Re-Elect Carmen Ramirez to City Council 2014		Date of This Filing 9-17-2014	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805 485-8026	I.D. NUMBER (if applicable) 1369315	Report No. 1-2014 2014	
STREET ADDRESS 631 Ivywood Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93036	

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2. 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)
9/17/2014	Oxnard Firefighters Local P.A.C. FPPC #8011523 249 CALLE LARIOS CAMARILLO, CA 93010	Carmen Ramirez, Oxnard City Council 2014	\$1000	11/4/2014

Reason for Amendment: _____