

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Ventura County Women's Political Council (PAC)			Date of This Filing <u>09/23/14</u>	Date Stamp CITY OF OXNARD CITY CLERK 2014 SEP 23 P 1:10	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 483-7952	I.D. NUMBER (if applicable) 1338290	Report No. <u>1</u>			
STREET ADDRESS 1015 West Beverly Drive			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages <u>1</u>		

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>
09/23/2014	Carmen Ramirez for Oxnard City Council 2014 2081 North Oxnard Blvd., #150 Oxnard, CA 93036, ID # 1369315	Carmen Ramirez, Candidate for Oxnard City Council	\$2,000.00	11/4/2014

Reason for Amendment: _____