

497 Contribution Report

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

CITY OF OXNARD 497 CONTRIBUTION REPORT

NAME OF FILER Perello for Oxnard City Council - 2014 Campaign		Date of This Filing 9-28-14	Date Stamp 2014 SEP 29 A 8 FAX 9/28/14 11:27 PM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 988-6111	I.D. NUMBER (if applicable) 1370723	Report No. 2		
STREET ADDRESS 2391 Redwing Lane		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93036	No. of Pages 1 of 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/28/14	Fred and Gail Rosenmund 162 South "A" Street Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law	\$2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

**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: _____