

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Committee for a safe and prosperous Oxnard supporting MacDonald for mayor		<b>Date of This Filing</b> 9/30/14	Date Stamp CALIFORNIA FORM <b>497</b> For Official Use Only 2014 SEP 30 P 4:45
<b>AREA CODE/PHONE NUMBER</b> 805-469-2041	<b>I.D. NUMBER (if applicable)</b> 1371111	<b>Report No.</b> R1	
<b>STREET ADDRESS</b> 3271 Fifth St.		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>	
<b>CITY</b> Oxnard	<b>STATE</b> CA <b>ZIP CODE</b> 93030		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
9/30/14	Oxnard Firefighters Local 1684 PAC #801523 249 Calle Larios Camarillo CA 93010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/30/14	Oxnard Peace Officers Association PAC #850242 251 S. C St. Oxnard CA 93030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		17,500.00  <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

Reason for Amendment: \_\_\_\_\_

**\*\*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