

497 Contribution Report

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

CITY OF OXNARD
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Committee for a safe and prosperous Oxnard supporting MacDonald/Huber		Date of This Filing 10/08/2014	Date Stamp OCT -8 A 10: 53	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-469-2041	I.D. NUMBER (if applicable) 13711111	Report No. R2 2014		
STREET ADDRESS 3271 Fifth St.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages 2	

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
10/08/2014	Oxnard Chamber of Commerce PAC 400 E. Esplanade Dr. Suite 302 Oxnard CA 93030 FPPC# 961270	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00 <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

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