

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Perello for Oxnard City Council - 2014		<b>Date of This Filing</b> 11/5/14	<b>Date Stamp</b> CITY OF OXNARD CITY CLERK 2014 NOV -6 A 7:48
<b>AREA CODE/PHONE NUMBER</b> (805) 240-6194	<b>I.D. NUMBER (if applicable)</b> 1370723	<b>Report No.</b> 5	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>STREET ADDRESS</b> 2391 Redwing Lane			
<b>CITY</b> Oxnard	<b>STATE</b> CA	<b>ZIP CODE</b> 93036	
		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
		<b>No. of Pages</b> 1 of 1	

## 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
11/4/14	Bert E. Perello 2391 Redwing Lane Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rural Letter Carrier United States Postal Service	\$5,000.00  <input checked="" 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

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