

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 Jo Ann Olivares		Date of This Filing 05/06/2013	Date Stamp: 2013 MAY -6 P 4:50 CITY OF OXNARD CITY CLERK CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805.8890775	I.D. NUMBER (if applicable) 1355472	Report No. P1	
STREET ADDRESS 2304 Mint Way		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93036	
		No. of Pages 1 of 2	

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
02/14/2013	Angel Arreola 1805 No. Oxnard Blvd., #1 Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Arboles Harvesting Self Employed	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/17/2013	Oxnard Chamber of Commerce 400 E. Esplanade Dr., #302 Oxnard, CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC#961270	3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/01/2013	Dr. Manuel and Irma Lopez 141 So. 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	Optometrist Self Employed	1,000.00 <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: _____

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04/20/2013	Jo Ann Olivares 2304 Mint Way Oxnard, CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Human Resources San Miguel Produce, Inc.	2471.00 <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
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