

# 496 Independent Expenditure Report

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

CITY OF OXNARD INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Oxnard Coalition for Jobs and Transparency		<b>Date of This Filing</b> <u>11/06/2012</u>	Date Stamp <b>CITY CLERK</b>  2012 NOV - 6 P 1:34	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 714-540-2295	<b>I.D. NUMBER (if applicable)</b> 1352439	<b>Report No.</b> <u>5</u>		
<b>STREET ADDRESS</b> 1237 S Victoria Ave #407		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Oxnard, CA	<b>STATE</b> CA	<b>ZIP CODE</b> 93035	<b>No. of Pages</b> <u>1</u>	

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Dr. Irene Pinkard				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> Mayor Oxnard	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/05/2012	LIT & POS	8,658.90

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