

497 Contribution Report

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

CITY OF OXNARD 497 CONTRIBUTION REPORT

NAME OF FILER Oxnard Coalition for Jobs and Transparency		Date of This Filing <u>10/26/2012</u>	Date Stamp CITY CLERK 2012 OCT 29 A 9:39 CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714-540-2295	I.D. NUMBER (if applicable) 1352439	Report No. <u>1</u>	
STREET ADDRESS 1237 S. Victoria Ave #407		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard, CA	STATE CA	ZIP CODE 93035	No. of Pages <u>3</u>

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
10/25/2012	AMS Craig LLC 1461 N Rice Ave STE H Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/2012	Borchard Property 506 N H St Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/2012	D&S Berry Farms 9452 Stelegraph Rd Ventura, CA 93004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Oxnard Coalition for Jobs and Transparency		Date of This Filing <u>10/26/2012</u>	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714-540-2295	I.D. NUMBER (if applicable) 1352439	Report No. <u>1</u>	
STREET ADDRESS 1237 S Victoria Ave #407		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard, CA	STATE CA	ZIP CODE 93035	No. of Pages <u>3</u>

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
10/25/2012	GenOn PO Box 3795 Houston, TX 77253	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/2012	Harry Ross Industries 24955 Pacific Coast Hwy STB C303 Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/2012	Ito Farms 9112 McFadden Westminister, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <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: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Oxnard Coalition for Jobs and Transparency		Date of This Filing <u>10/26/2012</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714-540-2295	I.D. NUMBER (if applicable) 1352439	Report No. <u>1</u>		
STREET ADDRESS 1237 S Victoria Ave #407		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard, CA	STATE CA	ZIP CODE 93035	No. of Pages <u>3</u>	

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
10/25/2012	Mc Gaelic Group 1000 S Seaward Ave Ventura, VA 93001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/2012	Team Nissan 1451 Auto Center Dr Oxnard, CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00 <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

***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: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Oxnard Coalition for Jobs and Transparency		Date of This Filing <u>10/27/2012</u>	Date Stamp CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714-540-2295	I.D. NUMBER (if applicable) 1352439	Report No. <u>2</u>	
STREET ADDRESS 1237 S Victoria Ave #407		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard, CA	STATE CA	ZIP CODE 93035	No. of Pages <u>1</u>

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
10/27/2012	South Shoreland Company, LLC 1294 E. Main St. Ventura, CA 93001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <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

*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: _____