

# Late Contribution Report

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

<b>NAME OF FILER</b> BERT PERELLO CITY COUNCIL 2013			<b>Date of This Filing</b> <u>5/9/2013</u>	Date Stamp CITY CLERK 2013 MAY - 9 P 1:54 CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 805/9886141	<b>I.D. NUMBER (if applicable)</b> 1343185	<b>Report No.</b> <u>1</u>		
<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> <u>2</u>	

## Late 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
4/8/2013	BERT 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	MAIL CARRIER/ USPS	1080  <input checked="" type="checkbox"/> Check if Loan
4/18/2013	BERT PERELO 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	MAIL CARRIER/USPS	4000  <input checked="" type="checkbox"/> Check if Loan
5/8/2013	JANE TOLMACH 656 DOUGLAS AVENUE OXNARD, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000  <input type="checkbox"/> Check if Loan

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

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

# 497 Contribution Report

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CITY 497 CONTRIBUTION REPORT

NAME OF FILER <b>BERT PERELLO CITY COUNCIL 2013</b>		Date of This Filing <u>5/9/2013</u>	Date Stamp <u>0</u>	<b>CALIFORNIA FORM 497</b> For Official Use Only <u>2013 MAY - 9 P 1:53</u>
AREA CODE/PHONE NUMBER <b>805/9886141</b>	I.D. NUMBER (if applicable) <b>1343185</b>	Report No. <u>1</u>		
STREET ADDRESS <b>2391 REDWING LANE</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>OXNARD</b>	STATE <b>CA</b>	ZIP CODE <b>93031</b>	No. of Pages <u>2</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
4/11/2013	BERT 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	MAIL CARRIER/USPS	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
4/18/2013	FRED ROSEMUND 2816 RICE ROAD OXNARD, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY/SELF EMPLOYED	1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
4/18/2013	BERT 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	MAIL CARRIER/USPS	3000 <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