

# 497 Contribution Report

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

CITY OF OXNARD 497 CONTRIBUTION REPORT  
CITY CLERK CALIFORNIA FORM 497

NAME OF FILER BERT PERELLO CITY COUNCIL 2013		Date of This Filing MAY 17, 2013	Date Stamp 2013 MAY 20 A
AREA CODE/PHONE NUMBER 805/988-6141	I.D. NUMBER (if applicable) 1343185	Report No. <u>3</u>	For Official Use Only <i>emailed 5/17/13 JPM</i>
STREET ADDRESS 2391 REDWING LANE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY OXNARD	STATE CA	ZIP CODE 93036	
		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
5/17/2013	TRI COUNTIES CENTRAL LABOR COUNCIL COPE POLITICAL ACTION COMMITTEE PAC ACCOUNT 816 CAMARILLO SPRINGS ROAD SUITE G CAMARILLO, CA 93012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000 <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: \_\_\_\_\_