

Late Contribution Report

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

CITY OF OXNARD
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LATE CONTRIBUTION REPORT

NAME OF FILER Manuel Vazquez Cano for Oxnard City Council 2013		Date of This Filing <u>05/02/2013</u>	Date Stamp 2013 MAY -2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-754-1008	I.D. NUMBER (if applicable) 1350825	Report No. _____		
STREET ADDRESS 3206 Circle Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93033	No. of Pages <u>1</u>	

Late 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
03/07/2013	Manuel Vazquez Cano 3206 Circle Drive Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Director, Huntington Learning Center	\$1,400 <input checked="" type="checkbox"/> Check if Loan
		<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
		<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

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

Reason for Amendment: _____