

497 24-HOUR CONTRIBUTION REPORT

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

LATE CONTRIBUTION REPORT

NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC			Date of This Filing <u>9/7/2016</u>	Date Stamp <i>DW</i> SEP 08 2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 660-1198	I.D. NUMBER (if applicable) 801523	Report No. <u>2016.2</u>			
STREET ADDRESS 249 CALLE LARIOS					
CITY CAMARILLO	STATE CA	ZIP CODE 93010	<input type="checkbox"/> Amendment to Report No. <u>000</u> <small>(explain below)</small>	Page 1 of 2	
No. of Pages <u>2</u>					

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

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

Reason for Amendment:

497 24-HOUR CONTRIBUTION REPORT

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

LATE CONTRIBUTION REPORT

NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC		Date of This Filing <u>9/7/2016</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 660-1198	I.D. NUMBER (if applicable) 801523	Report No. <u>2016.2</u>		
STREET ADDRESS 249 CALLE LARIOS		<input type="checkbox"/> Amendment to Report No. <u>000</u> <small>(explain below)</small>		
CITY CAMARILLO	STATE CA	ZIP CODE 93010	No. of Pages <u>2</u>	
			Page 2 of 2	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/8/2016	MIGUEL LOPEZ FOR OXNARD MAYOR 2016 1237 S. VOCTORIA AVE. #191 OXNARD, CA 93035 1387287	MIGUEL LOPEZ Office Description: MAYOR OF OXNARD Jurisdiction: Local Office Sought	\$12,000.00	11/8/2016

Reason for Amendment: