

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Steve Huber for Oxnard City Council 2016			Date of This Filing 9/30/2016 Report No. 6 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp Received Oxnard City Clerk 2016 SEP 30 PM 3:42	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 509-9214	I.D. NUMBER (if applicable) 1388268				
STREET ADDRESS 1411 Ebony Drive					
CITY Oxnard	STATE CA	ZIP CODE 93030			

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
9/29/2016	John McGrath Family Partnership 1732 E. Gonzales Road Oxnard, CA 93030	<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
		<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: _____