

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--|---|---|---|---|
| NAME OF FILER Re-Elect MacDonald Oxnard City Council -- 2016 | | Date of This Filing <u>10/5/2016</u> | Date Stamp Received Oxnard City Clerk 2016 OCT -5 PM 4:37 <i>via email</i> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (805) 857-5236 | I.D. NUMBER (if applicable) 1385268 | Report No. <u>497-2</u> | | |
| STREET ADDRESS 355 South G Street | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Oxnard | STATE CA | ZIP CODE 93030-5219 | 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 |
|---------------|---|---|---|--|
| 10/5/2016 | District Council of Ironworkers PAC 831693 1660 San Pablo Ave, Suite C Pinole, CA 94564 | <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: _____