

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk

NAME OF FILER Armando Sepulveda		Date of This Filing 10/24/2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805)952-9046	I.D. NUMBER (if applicable)	Report No. 2016 OCT 26 PM 5:23	
STREET ADDRESS 901 Ebony Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages _____

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
10/22/2016	Armando Sepulveda 901 Ebony Drive Oxnard CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Ross	\$2,900.00 <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: _____