

497 24-HOUR CONTRIBUTION REPORT

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

Received
Oxnard City Clerk

LATE CONTRIBUTION REPORT

NAME OF FILER OXNARD FIREFIGHTERS LOCAL 1684 PAC		Date of This Filing 11/3/2016	Date Stamp 2016 NOV -3 PM 1: 27	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 660-1198	I.D. NUMBER (if applicable) 801523	Report No. 2016.3		
STREET ADDRESS 249 CALLE LARIOS		<input type="checkbox"/> Amendment to Report No. 000 <small>(explain below)</small>		
CITY CAMARILLO	STATE CA	ZIP CODE 93010	No. of Pages 2	Page 1 of 2

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

Reason for Amendment:

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		No. of Pages <u>2</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
11/3/2016	MIGUEL LOPEZ FOR OXNARD MAYOR 2016 1237 S. VICTORIA AVE. OXNARD, CA 93035 1387287	MIGUEL LOPEZ Office Description: MAYOR OF OXNARD Jurisdiction: Local Office Sought	\$2,500.00	11/8/2016

Reason for Amendment: