

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

Received
Oxnard City Clc
Date Stamp
2018 MAR 28 PM 2: 55

CALIFORNIA FORM 497
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NAME OF FILER Francine Castanon for Oxnard City Council 2018			Date of This Filing 03/28/2018
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1403204		Report No. 1
STREET ADDRESS 249 E. Ocean Blvd. Ste 685			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Long Beach	STATE CA	ZIP CODE 90802	No. of Pages 1

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
03/28/2018	Patrick Bertranou 9595 Wilshire Blvd. Ste. 502 Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Orthotec	5,000.00 <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: _____