

497 Contribution Report

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Amounts may be rounded to whole dollars.

NAME OF FILER <i>Friends of Carmen Ramirez Opposed to Recall 2018</i>		Date of This Filing <i>3-5-2018</i>	Date Stamp Received Oxnard City Clerk 2018 MAR -5 PM 3:50	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>(805) 216-7362</i>	I.D. NUMBER (if applicable) <i>Pending</i>	Report No. <i>one</i>		
STREET ADDRESS <i>2801 N. Oxnard Blvd, #150</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Oxnard</i>	STATE <i>CA</i>	ZIP CODE <i>93036</i>	No. of Pages <i>2</i>	

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
<i>2-17-2018</i>	<i>Richard Erlich 711 Island View Circle Port Hueneme, CA 93041</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>1000</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>1/10/2018</i>	<i>Richard Erlich 711 Island View Circle Port Hueneme, CA</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>1000</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>2-16-18</i>	<i>Maria Carmen Ramirez 631 Ivywood Drive Oxnard CA 93030</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Incumbent Lawyer, Self</i>	<i>1000</i> <input checked="" type="checkbox"/> Check if Loan <i>0</i> % 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: _____

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STREET ADDRESS 2801 N. Oxnard Blvd; #150		<input type="checkbox"/> Amendment to Report No. (explain below)		
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2/20/2018	Josephine Soliz 188 La Crescenta Drive Camarillo, CA 93016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Rose Avenue Family Medical Group	\$1000 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
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