

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|--|--|--|---|
| NAME OF FILER <i>Friends of Carmen Ramirez Opposed to Recall 2018</i> | | Date of This Filing <i>3/28/2018</i> Report No. <i>2</i> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <i>1</i> | Date Stamp Received Oxnard City Clerk 2018 MAR 28 PM 1:40 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER <i>(875) 216 5362</i> | I.D. NUMBER (if applicable) <i>1403448</i> | | | |
| STREET ADDRESS <i>2801 N. Oxnard Blvd #150</i> | | | | |
| CITY <i>Oxnard CA</i> | STATE <i>CA</i> | ZIP CODE <i>93036</i> | | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET 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 |
|------------------|--|---|--|---|
| <i>3/27/2018</i> | <i>Ventura County Women's Political Council PO Box 6603 Ventura, CA 93006</i> | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$1000⁰⁰</i> <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 |

Reason for Amendment: _____

****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

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