

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk

Date Stamp: 2018 APR -9 PM 5:43

CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER
Friends of Carmen Ramirez Opposed to Recall 2018

AREA CODE/PHONE NUMBER (805) 216-7362 **I.D. NUMBER (if applicable)** 1703448

STREET ADDRESS
2801 N. Oxnard Blvd. #150

CITY Oxnard **STATE** CA **ZIP CODE** 93036 -

Date of This Filing 4-9-18

Report No. 3

Amendment to Report No. _____
(explain below)

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
4/6/18	Planned Parenthood Central Coast Action Fund PAC 518 Garden Street Santa Barbara, CA. 93101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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