

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Friends of Carmen Ramirez Opposed to the Recall 2018		Date of This Filing 4.17.2018	Date Stamp Received Oxnard City Clerk	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805 216 7362	I.D. NUMBER (if applicable) FPPC# 1403448	Report No. 5	2018 APR 17 PM 4:44	
STREET ADDRESS 2081 N. Oxnard Blvd. #150		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Oxnard	STATE CA			

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
4.16.2018	Ventura County Democratic Committee-State 1787 Tribute Road, Suite K Sacramento, CA 95815 ID# 746162	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <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: _____