

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk

NAME OF FILER No Perello Recall Oxnard Election Committee		Date of This Filing 4-13-18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805.240.6194	I.D. NUMBER (if applicable) 1399037	Report No. 3 2018 APR 13 PM 3:12	
STREET ADDRESS 2391 Redwing Lane		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93036	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
4-12-18	Southern California District Council of Laborers PAC Small Contributor Committee ID #1358150 555 Capitol Mall, Suite 400 Sacramento, CA. 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan N/A % 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