

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk
Date Stamp
2018 APR 24 PM 3:43

CALIFORNIA
FORM
497
For Official Use Only

NAME OF FILER
No Perello Recall Oxnard Election Committee

AREA CODE/PHONE NUMBER 805.240.6194 **I.D. NUMBER (if applicable)** 1399037

STREET ADDRESS
2391 Redwing Lane

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

Date of This Filing 4-24-18

Report No. 4

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
4-23-18	Service Employees International Union Local 721 CTW, CLC State and Local - All Purpose ID #743794 1545 Wilshire Boulevard, Ste. #100 Los Angeles, CA 90017	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500 <input type="checkbox"/> Check if Loan N/A % Provide interest rate
4-23-18	Martin Jones 3630 Avocado Lane Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1,000 <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

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