

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER No on Recall of Oscar Madrigal 2018		Date of This Filing 3/29/18 Oxnard City Clerk	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805)290-5825	I.D. NUMBER (if applicable) 1403224	Report No. _____ 2018 MAR 29 PM 5:38	
STREET ADDRESS 1722 E. Second St.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages 1

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
3/29/18	Richard Francis 711 S. A St Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Richard Francis & Associates	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
		<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: _____