

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk

Date Stamp
2018 APR 19 PM

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Oxnard United Against The Recall		Date of This Filing 4/19/18
AREA CODE/PHONE NUMBER 805-751-6268	I.D. NUMBER (if applicable) 1397683	Report No. 1
STREET ADDRESS 653 S. F Street		<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 (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
4/18/18	Tri-Counties Central Labor Council PAC Account 816 Camarillo Springs Road, Suite G Camarillo, CA 93012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
4/19/18	Roger Poirier 619 S. G Street Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	\$5,000 <input checked="" type="checkbox"/> Check if Loan 0_____% 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: _____