**497 Contribution Report**

**NAME OF FILER**
Oxnard 2020 Coalition

**AREA CODE/PHONE NUMBER**
I.D. NUMBER (if applicable)
1403750

**STREET ADDRESS**
400 E. Esplanade Dr. #302

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93036

**DATE OF THIS FILING**
05/01/2018

**REPORT NO.**
180501.1

**AMENDMENT TO REPORT NO.**
-

**NO. OF PAGES**
1

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1. **Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/01/2018</td>
<td>Oxnard Firefighter Local 1684 PAC 1743 Cervato Dr. Camarillo, CA 93012 Committee ID # 801523</td>
<td></td>
<td></td>
<td>2,000.00</td>
</tr>
</tbody>
</table>
|               |                                                                                               | □ IND            | □ Check if Loan
|               |                                                                                               | □ COM
|               |                                                                                               | □ OTH
|               |                                                                                               | □ PTY
|               |                                                                                               | □ SCC

**Reason for Amendment:** ____________________________________________________________________

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*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