# 497 Contribution Report

**NAME OF FILER**
Gabriela Basua For City Council District 5 2018

**AREA CODE/PHONE NUMBER**
805-443-1268

**ID. NUMBER (if applicable)**
1409812

**STREET ADDRESS**
3700 Dallas Drive

**CITY**
Oxnard

**STATE**
CA

**ZIP CODE**
93033

**Date of This Filing**
10/24/2018

**Report No.**
2

**Amendment to Report No.**
one

**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>
</table>
| 10/22/2018    | Oxnard Firefighters LOCAL 1684 P.A.C. PO Box 5503 Oxnard, CA 93031                        | □ IND  
☑ COM  
□ OTH  
□ PTY  
□ SCC | | 1,000.00 |

**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

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**Reason for Amendment:**

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**Receive Date Stemp:**
Oxnard City

**CALIFORNIA FORM 497**

For Official Use Only

**2018 OCT 25 AH 9 29**

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FPPC Form 497 (Jul/2016)
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