

# 497 Contribution Report

Amounts may be rounded to whole dollars.

Received  
Oxnard City Clerk

NAME OF FILER <b>Bert Perello for Oxnard City Council - District 1 (2018)</b>		Date of This Filing <b>10-13-18</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>805.240.6194</b>	I.D. NUMBER (if applicable) <b>14009260</b>	Report No. <b>2018 OCT 15 AM 8:27</b>	
STREET ADDRESS <b>2391 Redwing Lane</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <b>1</b>	
CITY <b>Oxnard</b>	STATE <b>CA</b>		ZIP CODE <b>93036</b>

## 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
10-12-18	Bert E. Perello 2391 Redwing Lane Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Member, Oxnard City Council	<b>\$10,000</b> <input checked="" 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: \_\_\_\_\_