

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>RE-ELECT MACDONALD DISTRICT 4 OXNARD 2020</b>		Date of This Filing <b>9/23/2020</b>	Date Stamp <b>SEP 23 PM 12:21</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>805 857-5236</b>	I.D. NUMBER (if applicable) <b>1424124</b>	Report No. <b>1 2020</b>		
STREET ADDRESS <b>355 SOUTH G STREET</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>OXNARD, CA</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>	No. of Pages <b>1</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
8-24-2020	OXNARD CHAMBER OF COMMERCE PAC 400 EAST ESPLANADE DR OXNARD, CA. 93036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
8-24-2020	OXNARD PEACE OFFICERS ASSOC PAC 251 SOUTH C STREET OXNARD, CA. 93030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate
8-26-2020	OXNARD FIREFIGHTERS ASSOC PAC PO BOX 5503 OXNARD, CA. 93031	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <sup>00</sup> <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* 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