

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Oxnard Recall! Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madrigal</b>		Date of This Filing <u>10/12/2020</u>	Date Stamp Oxnard City 2020 OCT 12 AM 8:45	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (805) 404-8693	I.D. NUMBER (if applicable) 1397803	Report No. <u>01</u>		
STREET ADDRESS 2130 Posada Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages <u>01</u>	

## 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
Saturday 10/10/2020	Chris Rufer 724 Main Street Woodland, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agriculturalist The Morning Star Company	\$15,000.  <input type="checkbox"/> Check if Loan  _____% <small>Provide interest rate</small>
		<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  _____% <small>Provide interest rate</small>
		<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  _____% <small>Provide interest rate</small>

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