

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Re-Elect MacDonald Oxnard City Council -- 2016		<b>Date of This Filing</b> 10/12/2016	<b>Received</b> Oxnard City Clerk	<b>CALIFORNIA FORM 497</b>
<b>AREA CODE/PHONE NUMBER</b> (805) 857-5236	<b>I.D. NUMBER (if applicable)</b> 1385268	<b>Report No.</b> 497-3	2016 OCT 12 PM 2:45	
<b>STREET ADDRESS</b> 355 South G Street		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	For Official Use Only	
<b>CITY</b> Oxnard	<b>STATE</b> CA	<b>ZIP CODE</b> 93030		

## 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
10/12/2016	Oxnard Peace Officers' Association 251 South C Street Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00  <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