

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Steve Huber for Oxnard City Council 2016		Date of This Filing 10/13/2016	Received Oxnard City Clerk	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 805-509-9214	I.D. NUMBER (if applicable) 1388268	Report No. 8	2016 OCT 13 AM 11:45	
STREET ADDRESS 1411 Ebony Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	For Official Use Only	
CITY Oxnard	STATE CA	ZIP CODE 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 S. 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 _____% 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: _____