

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Date Stamp
Oxnard City Clerk

NAME OF FILER Steve Huber for Oxnard City Council 2016		Date of This Filing 10/25/2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-509-9214	I.D. NUMBER (if applicable) 1388268	Report No. _____ 2016 OCT 26 AM 10:24	
STREET ADDRESS 1411 Ebony Drive		<input checked="" type="checkbox"/> Amendment to Report No. <u>9</u> (explain below)	
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages <u>1</u>

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/25/2016	Oxnard Chamber of Commerce, Political Action Committee 400 E Esplanade, Suite 302 Oxnard, CA 93036 # 961270	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00 <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: INCORRECT AMOUNT RECEIVED ENTERED ON ORIGINAL REPORT.