

497 Contribution Report

Amounts may be rounded to whole dollars.

Received

NAME OF FILER Armando Sepulveda		Date of This Filing 11-9-2016	Date Stamp Oxnard City Clerk NOV 10 PM 4:06	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 2016		
STREET ADDRESS 901 Ebony Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard CA	STATE CA	ZIP CODE 93030	No. of Pages 1	

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
10-23-16	Armando Sepulveda 901 Ebony Drive Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Manager, Ross	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10-31-16	Armando Sepulveda 901 Ebony Drive Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Manager, Ross	250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11-8-16	Armando Sepulveda 901 Ebony Drive Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Manager, Ross	200.00 <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