

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Ronald Arruejo for Oxnard City Council 2020			Date of This Filing 10/18/2020	Date Stamp 2020 OCT 19 AM 9:10	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 822 - 7250	I.D. NUMBER (if applicable) 1428442		Report No. 1		
STREET ADDRESS Redacted			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
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
October 17, 2020	Ronald James Arruejo Redacted Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Management Specialist NAWCWD Point Mugu	3,000 <input type="checkbox"/> Check if Loan 0 _____% <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