

# 497 Contribution Report

Amounts may be rounded to whole dollars.

Received

<b>NAME OF FILER</b> Gabriela Basua for City Council District 5 2018		<b>Date of This Filing</b> <u>10/8/2018</u>	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 805-443-1268	<b>I.D. NUMBER (if applicable)</b> 1409812	<b>Report No.</b> <u>1</u>	
<b>STREET ADDRESS</b> 3700 Dallas Drive		<b>Amendment to Report No.</b> _____ (explain below)	2018 OCT -9 AM 8:33
<b>CITY</b> Oxnard	<b>STATE</b> CA	<b>ZIP CODE</b> 93033	

## 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
10/5/2018	Oxnard Chamber of Commerce 400 E. Esplanade Drive Ste 302 Oxnard, CA 93036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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

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