

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Cryder For Oxnard City Council 2018		Date of This Filing 08/09/2018 Report No. 1 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	Date Stamp Received Oxnard City Clerk 2018 AUG -9 AM 11:14	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-984-1248	I.D. NUMBER (if applicable) 1403949			
STREET ADDRESS 3015 Naples Dr.				
CITY Oxnard	STATE CA	ZIP CODE 9*3035		

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
08/08/2018	Verna Stokes Cryder 145 Tranquilboa Cir. Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00 <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