

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Vianey Lopez for Oxnard City Council 2020			Date of This Filing 09/17/2020	Date Stamp Received Oxnard City Clerk 2020 SEP 17 AM 9:56	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-204-7500	I.D. NUMBER (if applicable) 1409205		Report No. 2		
STREET ADDRESS 3004 Jackson St.			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93033		No. of Pages 1	

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
09/16/2020	Oxnard Chamber of Commerce Political Action Committee, FPPC: 961270 400 E. Esplanade Dr., Suite 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		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/16/2020	Oxnard Firefighters, Local 1684 PAC, FPPC: 801523 PO Box 5503 Oxnard, CA 93031	<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

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