

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--|--|---|---|---|
| NAME OF FILER Vianey Lopez for Oxnard City Council 2020 | | Date of This Filing 09/22/2020 | Date Stamp Received Oxnard City Clon 2020 SEP 22 PM 5:19 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 805-204-7500 | I.D. NUMBER (if applicable) 1409205 | Report No. 3 | | |
| 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 |
|---------------|--|---|--|---|
| 09/21/2020 | Laborers International Union of North America Local 585, FPPC: 1319072 21 South Dos Caminos Avenue Ventura, CA 93003 | <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 |
| | | <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