

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk

NAME OF FILER OXNARD CHAMBER OF COMMERCE - PAC		Date of This Filing 10-4-2018	Date Stamp 2018 OCT -4 AM 10: 40	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-983-6118	I.D. NUMBER (if applicable) 96-1270	Report No. 2		
STREET ADDRESS 400 E ESPLANADE DR #302		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY OXNARD	STATE CA	ZIP CODE 93036	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10-3-2018	GABRIELA BASUA FOR CITY COUNCIL DISTRICT 5 2018 3700 DALLAS DRIVE OXNARD CA 93033	GABRIELA BASUA OXNARD CITY COUNCIL DISTRICT 5	2500.00	11-6-2018
10-3-2018	VIANEY LOPEZ FOR OXNARD CITY COUNCIL 2018 3004 JACKSON STREET OXNARD CA 93033	VIANEY LOPEZ OXNARD CITY COUNCIL DISTRICT 6	2500.00	11-6-2018

Reason for Amendment: _____