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497 24-HO	UR CONTRIBUTION	N REPORT Amoun	ts may be rounded to whole dollars.	Raceived	LATE CONTRIBUTION REPORT	
NAME OF FILER OXNARD FIREF	IGHTERS LOCAL 1684 PAC		Date of This Filing 10/16/2018	DateStamp OF	california 497	
AREA CODE/PHONE NUMBER (If applicable) 801523			Report No. 2018.1	20 8 OCT 16 AM 11: 30	For Official Use Only	
STREET ADDRESS 1743 CERVATO			Amendment to Report No. 000 (explain below)	-		
CITY CAMARILLO		STATE ZIP CODE CA 93012	No. of Pages ²	Page 2 of 2		
Late Contri	ibution(s) Made					
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CANDIDATE AND OFFIC OR MEASUR E AND JURISDIC	AMOUNTO		
10/16/2018	Gabriela Basua for City Cou 3700 Dallas Dr. Oxnard, ca 93033 1409812	ncil, District 5, 2018	Gabriela Basua Office Description: City Council Jurisdiction: City Office Sought	\$1,000.00	11/6/2018	

Reason for Amendment:

FPPC Form 497 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

NAME OF FILER OXNARD FIREFIGHTERS	LOCAL 1684 PAC		Date of This Filing 10/16/2018			CALIFORNIA 497
AREA CODE/PHONE NUMBER (805) 660-1198 STREET ADDRESS 1743 CERVATO DR. CITY CAMARILLO		I.D. NUMBER (if applicable) 801523	Report No. 2018.1 Amendment to Report No. 000 (explain below) No. of Pages 2		LUIG ULI FO AN II:	or Official Use Only
		STATE ZIP CODE CA 93012			Page 1 of 2	
ate Contribution(s) Received					
DATE RECEIVED	FULL NAME, MAILING 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 BUSINE	AMOUNT RECEIVED
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		
*Contributor Codes IND - Individual COM - Recipient Commit	ee (other than PTY o	PTY - Political Party r SCC) SCC - Small Contributor Commi	ttee			

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