

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>CARMEN RAUDEL for OKNARD CITY COUNCIL 2018</b>		Date of This Filing <b>9.12.2018</b>	Date Stamp <b>Received Oxnard City Cler 2018 SEP 12 AM 11:37</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>705-214-7362</b>	I.D. NUMBER (if applicable) <b>1403448</b>	Report No. <b>#1</b>		
STREET ADDRESS <b>2081 N. OKNARD BLVD, #100, <del>OKNARD CA 93030</del></b>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>OKNARD</b>	STATE <b>CA</b>	ZIP CODE <b>93030</b>		
		No. of Pages <b>1</b>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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 BUSINESS)	AMOUNT RECEIVED
<b>9.11.2018</b>	<b>RICHARD D BARLICK 711 ISLAND VIEW CIRCLE PORT HUENEME, CA 93041-3417</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>RETIRED</b>	<b>\$1,000</b> <input type="checkbox"/> Check if Loan <b>N/A</b> % 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