

497 Contribution Report

Amounts may be rounded to whole dollars.

Received

NAME OF FILER Carmen Ramirez for Oxnard City Council District 2 2018			Date of This Filing 10/17/18	Oxnard City Clerk Date Stamp 2018 OCT 18 AM 11:46	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805)216-7362	I.D. NUMBER (if applicable) 1403448	Report No. _____			
STREET ADDRESS 2081 N. Oxnard Blvd., #150			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93036	No. of Pages one		

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
10/15/18	John Chiang for Treasurer 2014 16633 Ventura Blvd., #1009 Encino, CA 91436 ID # 1333963	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/15/18	Democratic Club of Ventura Post Office Box 3004 Ventura, CA 93006	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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

****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

Reason for Amendment: _____