

**497 Contribution Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

**CITY OF OXNARD**  
**CITY CLERK**

497 CONTRIBUTION REPORT

NAME OF FILER Nancy Acosta, Treasurer, Re-Elect Carmen Ramirez to City Council 2014		Date of This Filing 9/24/2014	Date Stamp 2014 SEP 24 P 2: 06	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 805 485-8026	I.D. NUMBER (if applicable) 13569315	Report No. 3-2014		
STREET ADDRESS 621 Ivywood Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93036	No. of Pages 1	

**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
9/23/2014	Ventura County Women's Political Council P O Box 6603 Ventura CA 93006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2000 <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

\*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: \_\_\_\_\_