

497 Contribution Report

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

Received

497 CONTRIBUTION REPORT

| | | |
|---|--|-------------------|
| NAME OF FILER Committee to Elect John C. Zaragoza for Mayor 2020 | | |
| AREA CODE/PHONE NUMBER 805-983-6685 | I.D. NUMBER (if applicable) 1422965 | |
| STREET ADDRESS Redacted | | |
| CITY Oxnard | STATE CA | ZIP CODE 93036 |

Date of This Filing 10-21-20

Report No. 1

Amendment to Report No. _____
(explain below)

No. of Pages 1

Date Stamp
2020 OCT 21 PM 3:45

CALIFORNIA FORM 497
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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 |
|---------------|---|---|---|---|
| 9-30-20 | Southwest Regional Council of Carpenters Redacted Los Angeles, CA 90071 PAC# 870169 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,500.00 <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: _____