

Received via email 10/7/18 2:06pm
Aman

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Irene Henry for Ventura City Council District 1 2018		Date of This Filing <u>10/6/18</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-535-3004	I.D. NUMBER (if applicable) 1410238	Report No. <u>1</u>		
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages <u>1</u>	

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
8/31/18	Irene Henry - Candidate [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent State Farm	\$ 76.76 <input checked="" type="checkbox"/> Check if Loan <u>0</u> % Provide interest rate
9/6/18	Irene Henry - Candidate [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent State Farm	\$600.00 <input checked="" type="checkbox"/> Check if Loan <u>0</u> % Provide interest rate
9/21/18	Irene Henry - Candidate [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent State Farm	\$500.00 <input checked="" type="checkbox"/> Check if Loan <u>0</u> % 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: _____