

497 24-HOUR CONTRIBUTION REPORT

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

LATE CONTRIBUTION REPORT

NAME OF FILER HAAS, GENE		Date of This Filing 9/28/2020	Date Stamp Oxnard City Clerk 2020 SEP 29 AM 10:14	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 278-8559	I.D. NUMBER (if applicable) 1366991	Report No. 20200928-1		
STREET ADDRESS 2800 STURGIS ROAD		<input type="checkbox"/> Amendment to Report No. 000 (explain below)		
CITY OXNARD	STATE CA	ZIP CODE 93030	No. of Pages 3	Page 1 of 3

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/28/2020 - 9/28/2020	STARR COALITION FOR MOVING OXNARD FORWARD 2130 POSADA DRIVE OXNARD, CA 93030 1379154 Memo Reference: 1	SEVERAL MEASURES Number: EFLMN Jurisdiction: OXNARD	\$25,000.00	11/3/2020

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: 1

CONTRIBUTION TO COMMITTEE OPPOSING MEASURE E AND SUPPORTING MEASURES F, L, M AND N.
