

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

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|--|---|--|--|----------------------------|
| NAME OF FILER Oxnard 2020 Coalition | | Date of This Filing <u>10/05/2020</u> | Date Stamp 2020 OCT -5 PM 3:12 | CALIFORNIA FORM 496 |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1403750 | Report No. <u>201005.3</u> | | For Official Use Only |
| STREET ADDRESS 400 E. Esplanade Dr. #302 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Oxnard | STATE CA | ZIP CODE 93036 | No. of Pages <u>1</u> | |

1. List Only One Candidate or Ballot Measure

| NAME OF CANDIDATE SUPPORTED OR OPPOSED | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
|--|--------------|---------|--------|---|----------------|---------|--------|
| | | | | Measure M, New requirements for City Council meetings | | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. | SUPPORT | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |
| | | | | M | City of Oxnard | | X |

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|--|----------|
| 10/05/2020 | Social media ads Cumulative to date total \$1337.50 | 1,337.50 |
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Reason for Amendment: _____