

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Oxnard 2020 Coalition		Date of This Filing 10/19/2020	<div style="border: 1px solid black; padding: 5px;"> <p>Received Date Stamp 2020 OCT 19 PM 3:49</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>CALIFORNIA FORM 496 For Official Use Only</p> </div>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403750	Report No. 201019.3		
STREET ADDRESS Redacted		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93036		
		No. of Pages 1		

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
10/19/2020	Literature mailing Cumulative to date total \$3071.90	1,734.40

Reason for Amendment: _____