

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER OXNARD CHAMBER OF COMMERCE PAC			Date of This Filing <u>9-30-2020</u>	Received Oxnard City 2020 SEP 30 PM 12:50 For Official Use Only	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 805-983-6118	I.D. NUMBER (if applicable) 96-1270		Report No. <u>2020-02</u>		
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>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9-30-2020	OXNARD 2020 FPPC #1403750 400 E ESPLANADE DR #302 OXNARD CA 93036	OPPOSE MEASURES F,L,M,N CITY OF OXNARD	7500	11-3-2020

Reason for Amendment: _____