

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER OXNARD CHAMBER OF COMMERCE PAC			Date of This Filing <u>10-13-2020</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Received Oxnard City Clerk Date Stamp 2020 OCT 14 AM 10:49 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-983-6118	I.D. NUMBER (if applicable) 96-1270		Report No. <u>2020-05</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)
10-13-2020	RINCON, LLC 727 DE LA GUERRA PLAZA SANTA BARBARA CA 93101	OSCAR MADRIGAL CITY OF OXNARD CITY COUNCIL DISTRICT 3	3497	11-3-2020

Reason for Amendment: _____