

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yes On Measure E! For a Safe and Sustainable Oxnard 2020		Date of This Filing 10/21/2020	Date Stamp Received Oxnard City Clerk OCT 21 PM 1:51	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-709-0598	I.D. NUMBER (If applicable) 1438828	Report No. 24		
STREET ADDRESS Redacted		<input type="checkbox"/> Amendment to Report No. 2020 (explain below)		
CITY Santa Barbara, CA 93101	STATE	ZIP CODE	No. of Pages 4	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
2020-10-20	Oxnard Public Safety Managers' Association Redacted Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		10,000.00 <input type="checkbox"/> Check / Loan <small>5% Provide Interest Rate</small>

Reason for Amendment: _____

*Contributor Codes:
 IND - Individual
 COM - Recipient Committee (other than PTY or SOC)
 OTH - Other (e.g. business entity)
 PTY - Political Party
 SOC - Small Contributor Committee