

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 <u>10/30/2020</u>	Date Stamp Oxnard City O 2020 NOV -2 AM 9:23	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-709-0595	I.D. NUMBER (if applicable) 1433829	Report No. <u>57</u>		
STREET ADDRESS Redacted		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Barbara, CA 93101	STATE	ZIP CODE	No. of Pages <u>2</u>	

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
2020-10-29	Service Employees International Union Local 721 CTW, CLC Issues & Redacted Los Angeles, CA 90017 ID: 891044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

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

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 <u>10/30/2020</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-709-0595	I.D. NUMBER (if applicable) 1433829	Report No. _____		
STREET ADDRESS 226 East Canon Perdido Street #D		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Barbara, CA 93101	STATE	ZIP CODE	No. of Pages <u>2</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____