

# 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 11/03/2020	Date Stamp Received Oxnard City Cl 2020 NOV -3 AM 11:33	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 805-709-0595	I.D. NUMBER (if applicable) 1433829	Report No. 68		
STREET ADDRESS Redacted		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Barbara, CA 93101	STATE CA	ZIP CODE 93101	No. of Pages 2	

## 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
2020-11-02	Laborers International Union of North America Local 585 Redacted Ventura, CA 93003 ID: 1319072	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00  <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 11/03/2020	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 805-709-0595	I.D. NUMBER (if applicable) 1433829	Report No. _____		
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>		

## 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: \_\_\_\_\_