### 497 Contribution Report

**NAME OF FILER**  
Yes On Measure E! For a Safe and Sustainable Oxnard 2020

**AREA CODE/PHONE NUMBER**  
805-709-0595

**I.D. NUMBER (if applicable)**  
1433829

**STREET ADDRESS**  
Redacted

**CITY**  
Santa Barbara, CA 93101

**STATE**  

**ZIP CODE**  

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**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-11-02</td>
<td>Laborers International Union of North America Local 585 Redacted Ventura, CA 93003 ID: 1319072</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☐ Check if Loan</td>
<td>3,000.00</td>
</tr>
</tbody>
</table>

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**Reason for Amendment:**  

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*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

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www.fppc.ca.gov

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### 2. Contribution(s) Made

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

Reason for Amendment: __________________________________________

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