

497 Contribution Report

Amounts may be rounded to whole dollars.

Received
Oxnard City Clerk

NAME OF FILER OXNARD CHAMBER OF COMMERCE PAC			Date of This Filing <u>10-22-2020</u> <small>2020 OCT 22 AM 8:46</small>	Date Stamp <small>2020 OCT 22 AM 8:46</small>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-983-6118	I.D. NUMBER (if applicable) 96-1270		Report No. <u>2020-06</u>		
STREET ADDRESS Redacted			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10-21-2020	OXNARD 2020 FPPC # 1403750 Redacted OXNARD CA 93036	OPPOSE MEASURES F,L,M,N CITY OF OXNARD	2000	11-3-2020
10-21-2020	RINCON, LLC Redacted SANTA BARBARA CA 93101	OSCAR MADRIGAL CITY OF OXNARD CITY COUNCIL DISTRICT 3	3374	11-3-2020

Reason for Amendment: _____