

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Starr Coalition for Moving Oxnard Forward, A committee opposing Measure E; Supporting Measures F, L, M and N		Date of This Filing <u>09/29/2020</u>	Date Stamp Oxnard City Clerk 2020 SEP 29 AM 10:13	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (805) 404-8693	I.D. NUMBER (if applicable) 1379154	Report No. <u>01</u>		
STREET ADDRESS 2130 Posada Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages <u>1</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
09-28-2020	Gene Haas 2800 Sturgis Road Oxnard, CA 93030      Major Donor ID# 1366991	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Haas Automation	25,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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