497 Contribution Report

Amounts may be rounded to whole dollars.

SAN BUENA VENTURA
CITY CLERK

NAME OF FILER		Date of This Filing 10/27/16	Date Stamp	CALIFORNIA FORM 497
Committee for a Better Ventura - Yes on Measure O			'16 OCT 31 A8:53	For Official Use Only
AREA CODE/PHONE NUMBER: (805) 302-1600	I.D. NUMBER (if applicable):	Report No. 13	Received via email 10/27/16 2:51 pm drawn forgot to date stamp	
STREET ADDRESS: [redacted]		☐ Amendment to Report No. _____ (explain below)		
CITY: Ventura	STATE: CA / ZIP CODE: 93002	No. of Pages 1		

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
10/27	Ventura Visitor & Convention Bureau [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____