497 Contribution Report

Amounts may be rounded to whole dollars.

SAN BUENA VENTURA
CITY CLERK

NAME OF FILER		Date of This Filing 11/5/16	Date Stamp	CALIFORNIA FORM 497
Committee for a Better Ventura - Yes on Measure O			'16 NOV -7 P	For Official Use Only
AREA CODE/PHONE NUMBER: (805) 302-1600	I.D. NUMBER (if applicable):	Report No. 16	Received via email 11/5/2016 8:33 am amann	
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
11/4/16	Michael Sondermann [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President, Sondermann Enterprises	1000 ☐ 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: _____