

# 497 Contribution Report

Amounts may be rounded to whole dollars.

SAN BUENA VENTURA  
CITY CLERK

**NAME OF FILER**  
Committee for a Better Ventura - Yes on Measure O

**AREA CODE/PHONE NUMBER**  
(805) 302-1600

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

**STREET ADDRESS**  
[REDACTED]

**CITY**  
Ventura

**STATE**  
CA

**ZIP CODE**  
93002

**Date of This Filing** 10/14/16

**Report No.** 8

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** \_\_\_\_\_

Date Stamp  
16 OCT 17

Received via email  
10/14/16  
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amarr

**CALIFORNIA FORM 497**

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## 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
10/13/16	Daly Group, Inc [REDACTED] FPPC 1389290	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500. <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/14/16	Scofields Catering and Management [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000. <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

**\*\*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: \_\_\_\_\_