

497 Contribution Report

Amounts may be rounded to whole dollars.

SAN BUENA VENTURA

Date Stamp

CITY CLERK CALIFORNIA FORM 497

NAME OF FILER
Save Open Space & Agricultural Resources, Inc.

AREA CODE/PHONE NUMBER: **805/850-5663**

I.D. NUMBER (if applicable): **970224**

STREET ADDRESS
 [REDACTED]

CITY: **Ventura** STATE: **CA** ZIP CODE: **93001**

Date of This Filing: **10/27/16**

Report No.: **12**

Amendment to Report No. _____
 (explain below)

No. of Pages: **1**

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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
10/26/16	Phoenix Inventures, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000 <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