497 Contribution Report

Amounts may be rounded to whole dollars.

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: 10/12/16
Report No. 3
☐ Amendment to Report No. _____ (explain below)
No. of Pages 1

SAN BUENAVENTURA CITY CLERK
Date Stamp
'16 OCT 12 A10:38

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
10/11/16	Nature Conservancy [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		25,000 ☐ Check if Loan _____% Provide interest rate
10/6/16	Van Vibber [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,000 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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