

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|--|---|----------------|---|
| NAME OF FILER Dougie Michie for Council 2020 | | Date of This Filing 8/20/2020 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 805-641-1000 | I.D. NUMBER (if applicable) 1428238 | Report No. 1 | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | No. of Pages 2 | |

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 |
|---------------|---|---|---|--|
| 8/19/2020 | Doug Michie [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ventura Coast Wealth Management & Michie Law Firm: Financial Advisor & Lawyer | 3,000.00 <input checked="" type="checkbox"/> Check if Loan 2 _____% 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: File when receiving/loaning \$1,000.

* 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

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| AREA CODE/PHONE NUMBER 805-641-1000 | I.D. NUMBER (if applicable) 1428238 | Report No. <u>1</u> | | |
| STREET ADDRESS 1056 E Meta St Ste 103 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Ventura | STATE CA | ZIP CODE 93001 | No. of Pages <u>2</u> | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|--|------------------------|----------------------------------|
| | None | | | |
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Reason for Amendment: File when receiving/loaning \$1,000.