

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER AARON STARR FOR OXNARD CITY COUNCIL 2016		Date of This Filing 09/09/16	Date Stamp SEP 10 2016 LT.	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805) 404-8693	I.D. NUMBER (if applicable) 1367090	Report No. 7		
STREET ADDRESS 2130 POSADA DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY OXNARD	STATE CA	ZIP CODE 93030	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
09/08/16	STEVEN KLINGER 790 ALOHA STREET CAMARILLO, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO SCOSCHE INDUSTRIES, INC.	1,000.00 <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