

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|--|---|--|--|---|
| NAME OF FILER AARON STARR FOR OXNARD CITY COUNCIL 2016 | | Date of This Filing <u>10/07/16</u> | Date Stamp <i>R'd 10/7/16 via email etc.</i> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (805) 404-8693 | I.D. NUMBER (if applicable) 1367090 | Report No. <u>10</u> | | |
| STREET ADDRESS 2130 POSADA DRIVE | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY OXNARD | STATE CA | ZIP CODE 93030 | No. of Pages <u>1</u> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|--|---|--|---|
| 10/06/16 | STEVEN HIGASHI 510 JANETWOOD DR OXNARD, CA 93030 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED FARMER | \$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