

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER AARON STARR FOR OXNARD CITY COUNCIL 2014		Date of This Filing 10/20/1014	Date Stamp 2014 OCT 21 A 7:46	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-404-8693	I.D. NUMBER (if applicable) 1367090	Report No. 011		
STREET ADDRESS 2130 POSADA DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY OXNARD	STATE CA	ZIP CODE 93030		

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 SFI F-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/19/2014	BRIAN HOLTZ 12800 LA CRESTA DRIVE LOS ALTOS HILLS, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER KABAM (\$2,000 CUMULATIVE CONTRIBUTIONS)	\$800.00 <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

**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

Reason for Amendment: _____