

497 Contribution Report

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

497 CONTRIBUTION REPORT

p.1

NAME OF FILER AARON STARR FOR OXNARD CITY COUNCIL 2014		Date of This Filing <u>11/01/2014</u>	Date Stamp CITY OF OXNARD Rd via Fax. 2014/NOV 43 A 9:11	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-404-8693	I.D. NUMBER (if applicable) 1367090	Report No. <u>014</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 (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
10/31/2014	PATRICK WALSH 1040 SANTA CRUZ ISLAND DRIVE #28 CAMARILLO, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY HAAS AUTOMATION	\$1,500.00 <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: _____

Nov 01 14:07:45a