**497 Contribution Report**

Amounts may be rounded to whole dollars.

**NAME OF FILER**
AARON STARR FOR OXNARD CITY COUNCIL 2016

**DATE OF FILING**
08/16/2016

**AREA CODE/PHONE NUMBER**
(805) 404-8693

**STREET ADDRESS**
2130 POSADA DRIVE

**CITY**
OXNARD

**STATE**
CA

**ZIP CODE**
93030

**NAME OF FILER**
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2130 POSADA DRIVE

**CITY**
OXNARD

**STATE**
CA

**ZIP CODE**
93030

**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/15/2016</td>
<td>PATRICK WALSH 2800 STURGIS ROAD OXNARD, CA 93030</td>
<td>IND</td>
<td>ATTORNEY HAAS AUTOMATION</td>
<td>1,000.00</td>
</tr>
</tbody>
</table>

Note: If a loan, check if loan and 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

**FPPC Form 497 (Jul/2016)**
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov