

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> AARON STARR FOR OXNARD CITY COUNCIL 2016		<b>Date of This Filing</b> <u>09/08/16</u>	<b>Date Stamp</b>  DM SEP 08 2016	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (805) 404-8693	I.D. NUMBER (if applicable) 1367090	<b>Report No.</b> <u>5</u>		
STREET ADDRESS 2130 POSADA DRIVE		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>2</u> <small>(explain below)</small>		
CITY OXNARD	STATE CA	ZIP CODE 93030	<b>No. of Pages</b> <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
08/30/2016	JURGEN GRAMCKOW 1060 SHOKAT DR OJAI, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER SOUTHLAND SOD FARMS	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: TO CORRECT I.D. NUMBER FROM 1397090 TO 1367090

**\*\*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