# 497 Contribution Report

Amounts may be rounded to whole dollars.

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

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

**I.D. NUMBER (if applicable)**
1367090

**STREET ADDRESS**
2130 POSADA DRIVE

**CITY**
OXNARD

**STATE**
CA

**ZIP CODE**
93030

**Date of This Filing**
09/08/16

**Report No.**
5

**Amendment to Report No.**
2

**No. of Pages**
1

## 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>08/30/2016</td>
<td>JURGEN GRAMCKOW 1060 SHOKAT DR OJAI, CA 93023</td>
<td>IND ✓ COM OTH PTY SCC</td>
<td>OWNER SOUTHLAND SOD FARMS</td>
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**To Correct I.D. Number from 1397090 to 1367090**

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

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