TO CONTINUINON INCOME	497	Contribution	Report
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Amounts may be rounded to whole dollars.

NAME OF FILER				Date of	10/14/16	Oxnard City C FOR	
AARON STARR FOR OXNARD CITY COUNCIL 2016  AREA CODE/PHONE NUMBER   I.D. NUMBER (if applicable)				This Filing			
			Report No	11	2016 OCT 14 AN 8: 15		
(805) 404-8693   1367090 STREET ADDRESS							
2130 POSADA DRIVE				Amendment to Report No.			
CITY STATE ZIP CODE				(explain below)	4	and the state of t	
OXNARD		CA	93030	No. of Pages			
1. Contribution	n(s) Received				AMAZONI PARA PARA PARA PARA PARA PARA PARA PAR		source and the second s
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			IBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVE	
10/13/16	PURTEC INDUS 3151 STURGIS F OXNARD, CA 93	ROAD			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,000.00  Check if Loan  **  Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan % Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
Reason for Amendn	nent:					**Contributor Codes  IND - Individual  COM - Recipient Committee (oth  OTH - Other (e.g., business enti  PTY - Political Party  SCC - Small Contributor Commit	ner than PTY or SCC)

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