

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Aaron Starr for Oxnard Mayor 2018		Date of This Filing 03/21/18 Report No. 02 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp Received Oxnard City Clerk 2018 MAR 21 AM 11:46
AREA CODE/PHONE NUMBER (805) 404-8693	I.D. NUMBER (if applicable) 1397788	CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS 2130 Posada Drive			
CITY Oxnard	STATE CA	ZIP CODE 93030	

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
03/20/18	Steven Higashi 510 Janetwood Drive Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$5,000.00 <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

****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: _____