

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Oxnard Recall! Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Councilmembers Ramirez, Perello and Madrigal AREA CODE/PHONE NUMBER (805) 404-8693 STREET ADDRESS 2130 Posada Drive CITY Oxnard STATE CA ZIP CODE 93030		Date of This Filing 04/19/18 Report No. 02 2018 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp APR 19 AM 8:36 Oxnard City Clerk	CALIFORNIA FORM 497 For Official Use Only
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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
04/18/18	Aaron Starr 2130 Posada 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	Controller Haas Automation	20,000.00 <input checked="" 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: _____