497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER	Date of This Filing	04/12/18	Date Stamp	CALIFORNIA FORM 497
Aaron Starr for Oxnard Mayor 2018			Received Oxnard City Clerk	

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 06	2018 APR 12 PM 3: 34	For Official Use Only
(805) 404-8693	1397788			

STREET ADDRESS

2130 Posada Drive

☐ Amendment to Report No. _____ (explain below)

CITY	STATE	ZIP CODE	No. of Pages 1
Oxnard	CA	93030	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/11/18	Mission Produce PO Box 5267 Oxnard, CA 93031	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$5,000.00 ☐ 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 _____% 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: _____