

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Aaron Starr for Oxnard City Council 2020			Date of This Filing 10/22/2020	Date Stamp Received Oxnard City Cler 2020 OCT 23 AM 9:50	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (805) 404-8693	I.D. NUMBER (if applicable) 1426407		Report No. 01		
STREET ADDRESS Redacted			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oxnard	STATE CA	ZIP CODE 93030	No. of Pages 1		

## 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
10/21/2020	Aaron Starr Redacted 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

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