Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees = Complete Parts 1, 2, 3, and 4.
- [ ] Officerholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall (Complete Part 4)
- [ ] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- [ ] Previously Formed Candidate/Officerholder Committee (Complete Part 4)

2. Type of Statement:
- [ ] Preelection Statement
- [ ] Semifinal Statement
- [ ] Final Statement
- [ ] Amendment (Explain below)

3. Committee Information
- I.D. NUMBER
  1379154
- STARR COALITION FOR MOVING OXNARD FORWARD

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: 1/21/2015
Executed on: 1/23/2015
Executed on: Date
Executed on: Date

By ____________________________
Signature of Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By ____________________________
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By ____________________________
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By ____________________________
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppca.ca.gov (866/275-3772)
www.fppca.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
AARON STARR
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
OXNARD CITY COUNCIL
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2133 POSADA DRIVE OXNARD, CA 93030

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME
NAME OF TREASURER
COMPUTER ADDRESS STREET ADDRESS (NO. PO. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME
NAME OF TREASURER
COMPUTER ADDRESS STREET ADDRESS (NO. PO. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION
[ ] SUPPORT [ ] OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOUNENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
[ ] SUPPORT [ ] OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
[ ] SUPPORT [ ] OPPOSE

Attach continuation sheets if necessary
### Campaign Disclosure Statement

**Summary Page**

**STARR COALITION FOR MOVING OXNARD FORWARD**

#### Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>Schedule A, Line 3</th>
<th>$0.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 5</td>
<td>2,500.00</td>
<td>2,500.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$2,500.00</td>
<td>2,500.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 2 + 4</td>
<td>$2,500.00</td>
<td>2,500.00</td>
</tr>
</tbody>
</table>

#### Expenditures Made

<table>
<thead>
<tr>
<th>6. Payments Made</th>
<th>Schedule E, Line 4</th>
<th>$304.63</th>
<th>304.63</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Loans Made</td>
<td>Schedule M, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$304.63</td>
<td>304.63</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 9 + 10</td>
<td>$304.63</td>
<td>304.63</td>
</tr>
</tbody>
</table>

#### Current Cash Statement

<table>
<thead>
<tr>
<th>12. Beginning Cash Balance</th>
<th>Previous Summary Page, Line 16</th>
<th>$0.00</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>2,500.00</td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule J, Line 4</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>304.63</td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 - 14, Nonmonetary B Line 15</td>
<td>$2,195.37</td>
<td></td>
</tr>
</tbody>
</table>

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

1/1 through 6/30
7/1 to Date

<table>
<thead>
<tr>
<th>20. Contributions Received</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>22. Cumulative Expenditures Made (If Filing during Voluntary Expenditure Limit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Election (mm/dd/yyyy)</td>
</tr>
<tr>
<td>/ /</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*

---

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>18. Cash Equivalents</th>
<th>See instructions on reverse</th>
<th>$0.00</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B</td>
<td>$2,500.00</td>
<td></td>
</tr>
</tbody>
</table>

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**PPC Form 460 (Jan/2016)**

PPC Advice: advice@ppc.ca.gov (866/275-3772)

www.ppc.ca.gov
## Schedule B - Part 1

Loans Received

**STARR COALITION FOR MOVING OXNARD FORWARD**

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF HELP EMPLOYED, ENTER NAME OF BUSINESS</td>
</tr>
<tr>
<td>(NAME OF FILER)</td>
</tr>
<tr>
<td>(I.D. NUMBER)</td>
</tr>
<tr>
<td>1379154</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOAN NUMBER</th>
<th>STATUS</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$0.00</td>
<td>$2,500.00</td>
<td></td>
<td>$2,500.00</td>
<td>$2,500.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>08/19/16</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>08/19/16</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>08/19/16</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period (Total Column (b) plus unitemized loans of less than $100). $2,500.00
2. Loans paid or forgiven this period (Total Column (c) plus loans under $100 paid or forgiven). $0.00
3. Net change this period (Subtract Line 2 from Line 1). NET $2,500.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.**

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**FPPC Form 460 (Jan/2015)**

FPPC Advice: advice@fppc.ca.gov (866/273-3772)
www.fppc.ca.gov
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

STATEMENT COVERED PERIOD

from 06/18/2015
through 12/31/2015

Page 5 of 5

STARR COALITION FOR MOVING OXNARD FORWARD

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNP campaign paraphernalia/mall
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OPC office expenses
PET portion circulating
PHO phone banks
POL polling and survey research
PCS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio time and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL tv or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/sponsor travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(If committee, also enter ID number)

DESIREE GRIFFIN DBA TEAM BOOKKEEPING
1511 VIA LA SILVA
CAMARILLO, CA 93010

SECRETARY OF STATE
POLITICAL REFORM DIVISION
1500 11TH STREET, ROOM 495
SACRAMENTO, CA 95814

CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID
PRO 162.63
FIL 100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 262.63

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................ $ 262.63
2. Unitized payments made this period of under $100 ................................................................. $ 42.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........................................ TOTAL $ 304.63

FPCC Form 460 (Jan/2016)
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