Recipient Committee
Campaign Statement
Cover Page

See instructions on reverse

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part 5)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
     Amended to add Schedule B

3. Committee Information
   - ID. NUMBER: 1367090
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     AARON STARR FOR OXNARD CITY COUNCIL 2016
   - STREET ADDRESS (NO P.O. BOX):
     2130 POSADA DRIVE
   - CITY:
     OXNARD
   - STATE:
     CA
   - ZIP CODE:
     93030
   - AREA CODE/PHONE:
     (805) 404-8693
   - MAILING ADDRESS:
     1511 VIA LA SILVA
     CAMARILLO
     CA
     93010
     (805) 377-2628

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 ____________
   By ______________________
   Signature of Treasurer or Assistant Treasurer
   
   Executed on ____________
   By ______________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   
   Executed on ____________
   By ______________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   
   Executed on ____________
   By ______________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.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)
CITY OF OXNARD COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2130 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ............................................... Schedule A, Line 3  
   **$ 0.00**  
   **$ 0.00**

2. Loans Received ..................................................... Schedule B, Line 3  
   **$ 0.00**  
   **$ 10,000.00**

3. SUBTOTAL CASH CONTRIBUTIONS .................................. Add Lines 1 + 2  
   **$ 0.00**  
   **$ 0.00**

4. Nonmonetary Contributions ......................................... Schedule C, Line 3  
   **$ 0.00**  
   **$ 0.00**

5. TOTAL CONTRIBUTIONS RECEIVED ................................ Add Lines 3 + 4  
   **$ 0.00**  
   **$ 0.00**

### Expenditures Made

6. Payments Made ..................................................... Schedule E, Line 4  
   **$ 1,439.45**  
   **$ 1,439.45**

7. Loans Made .................................................................. Schedule H, Line 3  
   **$ 0.00**  
   **$ 0.00**

8. SUBTOTAL CASH PAYMENTS ......................................... Add Lines 6 + 7  
   **$ 1,439.45**  
   **$ 1,439.45**

9. Accrued Expenses (Unpaid Bills) ................................... Schedule F, Line 3  
   **$ 0.00**  
   **$ 0.00**

10. Nonmonetary Adjustment ............................................. Schedule C, Line 3  
    **$ 0.00**  
    **$ 0.00**

11. TOTAL EXPENDITURES MADE ....................................... Add Lines 8 + 9 + 10  
    **$ 1,439.45**  
    **$ 1,439.45**

### Current Cash Statement

12. Beginning Cash Balance ............................................ Previous Summary Page, Line 16  
    **$ 7,328.78**

13. Cash Receipts .......................................................... Column A, Line 3 above  
    **$ 0.00**

14. Miscellaneous Increases to Cash .................................. Schedule I, Line 4  
    **$ 0.01**

15. Cash Payments .......................................................... Column A, Line 8 above  
    **$ 1,439.45**

16. ENDING CASH BALANCE ............................................. Add Lines 12 + 13 + 14, then subtract Line 15  
    **$ 5,889.34**

   *If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED ................................... Schedule B, Part 2  
    **$ 0.00**

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................................ See instructions on reverse  
    **$ 0.00**

19. Outstanding Debts ..................................................... Add Line 2 + Line 9 in Column B above  
    **$ 10,000.00**

---

**SUMMARY PAGE**

Amounts may be rounded to whole dollars.

**Statement covers period**

- from 07/01/2015
- through 12/31/2015

**CALIFORNIA FORM 460**

- Page 3 of 7
- I.D. NUMBER 1367090

**NAME OF FILER**

AARON STARR FOR OXNARD CITY COUNCIL 2016

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

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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

**Loans Received**

See instructions on reverse

**NAME OF FILER**

AARON STARR FOR OXNARD CITY COUNCIL 2016

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

AARON STARR
2130 POSADA DRIVE
OXNARD, CA 93030

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**

CONTROLLER
HAAS AUTOMATION

<table>
<thead>
<tr>
<th>AARON STARR</th>
<th>2130 POSADA DRIVE</th>
<th>OXNARD, CA 93030</th>
<th>CONTROLLER</th>
<th>HAAS AUTOMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] IND</td>
<td>[ ] COM</td>
<td>[ ] OTH</td>
<td>[ ] PTY</td>
<td>[ ] SCC</td>
</tr>
</tbody>
</table>

**OUTSTANDING BALANCE BEGINNING THIS PERIOD**

$10,000.00

**AMOUNT RECEIVED THIS PERIOD**

$0.00

**AMOUNT PAID OR FORGIVEN**

$0.00

**OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD**

$10,000.00

**INTEREST PAID THIS PERIOD**

$0.00

**ORIGINAL AMOUNT OF LOAN**

$10,000.00

**CALENDAR YEAR**

PER ELECTION

0.00

**DATE INCURRED**

10/30/14

**SUBTOTALS**

$0.00

$10,000.00

**Schedule B Summary**

1. Loans received this period .................................................................$0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ......................................................$0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) .................NET $0.00
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.
Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AARON STARR FOR OXNARD CITY COUNCIL 2016

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>TV or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESIREE Griffin DBA Team Bookkeeping 1511 Via La Silva Camarillo, CA 93010</td>
<td>PRO</td>
<td>MEMBER COMMUNICATIONS</td>
<td>201.50</td>
</tr>
<tr>
<td>The UPS Store 1650 E. Gonzales Road Oxnard, CA 93036</td>
<td>POS</td>
<td>POSTAGE, DELIVERY AND MESSENGER SERVICES</td>
<td>224.00</td>
</tr>
<tr>
<td>NationBuilder 448 S. Hill Street #200 Los Angeles, CA 90013</td>
<td>ONLINE CONTRIBUTION COLLECTION SERVICE</td>
<td>251.00</td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 676.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 1,376.50
2. Unitemized payments made this period of under $100 ......................................................................................... $ 62.95
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 $ 1,439.45
Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AARON STARR FOR OXNARD CITY COUNCIL 2016

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

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<tr>
<td>FND</td>
<td>fundraising events</td>
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<td>RFD</td>
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<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
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<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
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<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE
(OPTIONAL COMMITTEE, ALSO ENTER I.D. NUMBER)

OAKLAND GROUP, INC.
686 S. ARROYO PARKWAY #24
PASADENA, CA 91105

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEB</td>
<td></td>
<td>700.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 700.00

SCHEDULE E (CONT.)

Statement covers period
from 07/01/2015
through 12/31/2015

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule I
Miscellaneous Increases to Cash

NAME OF FILER
AARON STARR FOR OXNARD CITY COUNCIL 2016

DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH
---|---|---|---

Schedule I Summary

1. Itemized increases to cash this period. ................................................................. $ 0.00
2. Unitemized increases to cash of under $100 this period. ....................................... $ .01
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ................................................................. $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ................................................................. TOTAL $ .01

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

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www.fppc.ca.gov