Recipieent Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Preelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER: 1367090
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
   AARON STARR FOR OXNARD CITY COUNCIL 2014

   STREET ADDRESS (NO P.O. BOX)
   2130 POSADA DRIVE
   CITY: OXNARD
   STATE: CA
   ZIP CODE: 93030

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY:
   STATE:
   ZIP CODE:
   AREA CODE/PHONE:

   OPTIONAL: FAX / E-MAIL ADDRESS
   (805) 583-3337
   STARRCPA@GMAIL.COM

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 7/22/2015
   Date
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
### 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Aaron Starr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Sought or Held (Include Location and District Number if Applicable)</td>
<td>City of Oxnard Councilmember</td>
</tr>
<tr>
<td>Residential/Business Address (No. and Street)</td>
<td>2130 Posada Drive</td>
</tr>
<tr>
<td>City</td>
<td>Oxnard</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>93030</td>
</tr>
</tbody>
</table>

**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**
- **I.D. Number**
- **Name of Treasurer**
- **Controlled Committee?**
  - Yes
  - No
- **Committee Address**
  - Street Address (No. P.O. 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 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.

- **Name of Officeholder or Candidate**
- **Office Sought or Held**
- **Support**
- **Oppose**

Attach continuation sheets if necessary.
# Campaign Disclosure Statement

## Summary Page

- **NAME OF FILER**: AARON STARR FOR OXNARD CITY COUNCIL 2014
- **I.D. NUMBER**: 1367090
- **Statement covers period from 01/01/2015 through 06/30/2015**

### Contributions Received

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

### Expenditures Made

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>0.00</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 &amp; 7</td>
<td>0.00</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 &amp; 9 &amp; 10</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

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

### Loan Guarantees Received

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>LOAN GUARANTEES RECEIVED</td>
<td>Schedule B, Part 2</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19.</td>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</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>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Contributions Received</td>
<td>$</td>
</tr>
<tr>
<td>21.</td>
<td>Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made*

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

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To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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FPPC Form 460 (January/05)
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### Schedule I Summary

1. Itemized increases to cash this period. ............................................................... $ 0.00
2. Unitemized increases to cash of under $100 this period. ................................. $ 0.02
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 $ 0.02

**Attach additional information on appropriately labeled continuation sheets.**

**SUBTOTAL $**