Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/17
through 09/30/17

Date of election if applicable:
(Month, Day, Year)

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)
   - [ ] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Special Odd-Year Report
   - [ ] Amendment (Explain below)

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1379154
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Starr Coalition for Moving Oxnard Forward
   STREET ADDRESS (NO P.O. BOX)
   2130 Posada Drive
   CITY
   Oxnard
   STATE
   CA
   ZIP CODE
   93030
   AREA CODE/PHONE
   (805) 404-8693
   Mailing Address (If Different) No. And Street Or P.O. Box
   CITY
   Mailing Address
   STATE
   CA
   ZIP CODE
   93030
   AREA CODE/PHONE
   (805) 910-8911
   Name of Assistant Treasurer, If Any
   Desiree Griffin
   Mailing Address
   1511 Via La Silva
   City
   Oxnard
   State
   CA
   Zip Code
   93030
   Area Code/Phone
   (805) 377-2628
   Optional: Fax / E-mail Address

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 10/29/2017
   Date
   By
   Signature of Treasurer

   Executed on 10/29/2017
   Date
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

   Executed on
   Date
   By
   Signature of Controlling Officerholder, 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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OXNARD CITY COUNCIL MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>2130 Posada Drive Oxnard, CA 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr for Oxnard City Council 2018</td>
<td>1397788</td>
</tr>
</tbody>
</table>

**NAME OF TREASURER**

<table>
<thead>
<tr>
<th>Deseree Griffin</th>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<tbody>
<tr>
<td>2130 Posada Drive</td>
<td></td>
</tr>
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</table>

**CITY**

<table>
<thead>
<tr>
<th>Oxnard</th>
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**STATE**

<table>
<thead>
<tr>
<th>CA</th>
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</table>

**ZIP CODE**

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<tr>
<th>93030</th>
</tr>
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</table>

**AREA CODE/PHONE**

| (805) 404-8693 |

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6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
</table>

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT**

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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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>
</table>

**NAME OF OFFICEHOLDER OR CANDIDATE**

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**NAME OF OFFICEHOLDER OR CANDIDATE**

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<tr>
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</tr>
</thead>
</table>

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**Attach continuation sheets if necessary**
## Contributions Received

| 1. Monetary Contributions | Schedule A, Line 3 | $0.00 | $25.00 |
| 2. Loans Received | Schedule B, Line 3 | $0.00 | $14,500.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $0.00 | $14,525.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | $0.00 | $0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $0.00 | $14,525.00 |

## Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $159.00 | $323.00 |
| 7. Loans Made | Schedule H, Line 3 | $0.00 | $0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $159.00 | $323.00 |
| 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 | $159.00 | $323.00 |

## Current Cash Statement

12. Beginning Cash Balance | Previous Summary Page, Line 16 | $916.13 |
13. Cash Receipts | Column A, Line 3 above | $0.00 |
14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0.00 |
15. Cash Payments | Column A, Line 8 above | $159.00 |
16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $757.13 |

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

## 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 | $14,500.00 |

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

| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

**Expenditure Limit Summary for State Candidates**

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) |
| Date of Election (mm/dd/yy) | Total to Date |
| | $ |

*Amounts in this section may be different from amounts reported in Column B.
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/17 through 09/30/17

Page 4 of 5

CALIFORNIA FORM 460

See instructions on reverse

NAME OF FILER
Starr Coalition for Moving Oxnard Forward

1379154

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Aaron Starr
2130 Posada Drive
Oxnard, CA 93030

Controller
Haas Automation

☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

$14,500.00 $0.00

☐ PAID ☐ FORGIVEN

$14,500.00

☐ PAID ☐ FORGIVEN

$2,500.00

DATE DUE

08/18/15 DATE INCUERED

SUBTOTALS $0.00 $0.00 $14,500.00

Schedule B Summary

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

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

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

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

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

**Payments Made**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
</tr>
</thead>
<tbody>
<tr>
<td>from</td>
</tr>
<tr>
<td>through</td>
</tr>
</tbody>
</table>

### CODING:
- **CMP**: campaign paraphernalia/misc.
- **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
- **OFC**: office expenses
- **PET**: petition circulating
- **PHO**: phone banks
- **POL**: polling and survey research
- **POS**: postage, delivery and messenger services
- **PRO**: professional services (legal, accounting)
- **PRT**: print ads
- **RAD**: radio airtime and production costs
- **RFD**: returned contributions
- **SAL**: campaign workers’ salaries
- **TEL**: t.v. or cable airtime and production costs
- **TRC**: candidate travel, lodging, and meals
- **TRS**: staff/spouse 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

**Desiree Griffin dba Team Bookkeeping**

1511 Via La Silva
Camarillo, CA 93010

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
<td></td>
<td>117.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL**: $117.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $117.00
2. Unitemized 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 (f)). $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 $159.00