Recipent Committee
Campaign Statement
Cover Page

Statement covers period
from __________ to __________

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
  (Also Complete Part 5)
- [ ] General Purpose Committee
  (Also Complete Part 6)
- [ ] Primarily Formed Ballot Measure Committee
- [X] Controlled
- [X] Sponsored
  (Also Complete Part 7)
- [ ] Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Special Odd-Year Report
- [ ] Quarterly 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, a committee supporting Oxnard measures to fix streets, create financial transparency, improve council meeting accessibility, establish term limits and streamline building permits.

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: State: Zip Code: Area Code/Phone:

OPTIONAL: FAX / E-MAIL ADDRESS
Fax: (805) 583-3377  Starr CPA@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 __________ 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 (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)
Oxnard Mayor or City Council, District 3

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.

COMMITTEE NAME I.D. NUMBER
Aaron Starr for Oxnard Mayor 2018 1407622

NAME OF TREASURER CONTROLLED COMMITTEE?
Desiree Griffin YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
2130 Posada Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (805) 404-8693

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Measures to fix streets, create financial transparency, improve council meeting accessibility, establish term limits and streamline building permits

BALLOT NO. OR LETTER JURISDICTION
Undesignated Oxnard

☑ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent
Aaron Starr

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
Oxnard Mayor or City Council, District 3

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

attachment continuation sheets if necessary
### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 550.00 $ 550.00  
2. Loans Received ........................................... Schedule B, Line 3 $ 30,000.00 $ 44,500.00  
3. SUBTOTAL CASH CONTRIBUTIONS ................. Add Lines 1 + 2 $ 30,550.00 $ 45,050.00  
4. Nonmonetary Contributions .......................... Schedule C, Line 3 $ 4,800.00 $ 4,800.00  
5. TOTAL CONTRIBUTIONS RECEIVED ............... Add Lines 3 + 4 $ 35,350.00 $ 49,850.00  

### Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 $ 29,087.48 $ 29,087.48  
7. Loans Made ............................................... Schedule H, Line 3 $ 0.00 $ 0.00  
8. SUBTOTAL CASH PAYMENTS ......................... Add Lines 6 + 7 $ 29,087.48 $ 29,087.48  
10. Nonmonetary Adjustment ......................... Schedule C, Line 3 $ 0.00 $ 0.00  
11. TOTAL EXPENDITURES MADE ....................... Add Lines 8 + 9 + 10 $ 32,545.07 $ 32,545.07  

### Current Cash Statement

12. Beginning Cash Balance ......................... Previous Summary Page, Line 16 $ 244.63  
13. Cash Receipts .......................................... Column A, Line 3 above $ 30,550.00  
14. Miscellaneous Increases to Cash .......... Schedule I, Line 4 $ 0.00  
15. Cash Payments ........................................ Column A, Line 8 above $ 29,087.48  
16. ENDING CASH BALANCE ......................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 1,707.15  

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .................................. See instructions on reverse $  
19. Outstanding Debts ............................ Add Line 2 + Line 9 in Column B above $ 47,957.59  

---

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).
**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 500.00
2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 50.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 550.00

---

**Contributor Codes**

- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

---

**Schedule A**

**Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

Starr Coalition for Moving Oxnard Forward

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/18/19</td>
<td>Deborah Baber 709 Pacific Cove Dr. Pt. Hueneme, CA 93041</td>
<td>☑ IND</td>
<td>Tax Preparer Self Employed</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 500.00
### Schedule B – Part 1

**Loans Received**

*Amounts may be rounded to whole dollars.*

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/19</td>
<td></td>
</tr>
<tr>
<td>through 06/30/19</td>
<td></td>
</tr>
<tr>
<td>Page 5 of 10</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Starr Coalition for Moving Oxnard Forward

I.D. NUMBER

1379154

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

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

<table>
<thead>
<tr>
<th>A) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>B) AMOUNT RECEIVED THIS PERIOD</th>
<th>C) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>D) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>E) INTEREST PAID THIS PERIOD</th>
<th>F) ORIGINAL AMOUNT OF LOAN</th>
<th>G) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>Controller</td>
<td>Haas Automation</td>
<td>$14,500</td>
<td>$30,000</td>
<td>$44,500</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>2130 Posada Drive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,500</td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>$14,500</td>
<td>☐ PAID</td>
<td>$44,500</td>
<td>CALENDAR YEAR</td>
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<td>$2,500</td>
<td>PER ELECTION**</td>
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<td></td>
</tr>
<tr>
<td>☑ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS** $30,000 $44,500

---

### Schedule B Summary

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

   $30,000

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

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 $30,000

---

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

**Contributor Codes**

IND – Individual

COM – Recipient Committee

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov
Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/19 through 06/30/19

Page 6 of 10

Starr Coalition for Moving Oxnard Forward

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/17/19</td>
<td>Alice Haskins 325 South G Street Oxnard, CA 93030</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>Retired</td>
<td>Use of condo for petitioner housing</td>
<td>$4,800.00</td>
<td>$4,800.00</td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $4,800.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ........................................... $4,800.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................................................. $0.00

3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................. TOTAL $4,800.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule E  
Payments Made

Amounts may be rounded to whole dollars.

STATEMENT COVERS PERIOD

from 01/01/19

through 06/30/19

NAME OF FILER

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.

- 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
- RDF 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

(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell, McAndrews &amp; Hiltachk, LLP</td>
</tr>
<tr>
<td>455 Capitol Mall, Suite 600</td>
</tr>
<tr>
<td>Sacramento, CA 95814</td>
</tr>
<tr>
<td>PRO</td>
</tr>
<tr>
<td>6,715.17</td>
</tr>
<tr>
<td>Fuel for petitioners</td>
</tr>
<tr>
<td>Chevron</td>
</tr>
<tr>
<td>1900 Rose Ave</td>
</tr>
<tr>
<td>Oxnard, CA 93036</td>
</tr>
<tr>
<td>FIL</td>
</tr>
<tr>
<td>1,000.00</td>
</tr>
<tr>
<td>City of Oxnard</td>
</tr>
<tr>
<td>300 W 3rd Street</td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
</tr>
</tbody>
</table>

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

SCHEDULE E SUMMARY

1. Itemized payments made this period. (Include all Schedule E subtotals.) ......................................................... $ 28,807.53
2. Unitemized payments made this period of under $100 ......................................................................................... $ 279.95
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 $ 29,087.48

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule E (Continuation Sheet)
### Payments Made

**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</th>
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<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>t.v. 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>FedEx Office</td>
<td></td>
<td>Petition Printing</td>
<td>1,939.61</td>
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<tr>
<td>2350 E Vineyard Ave</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Oxnard, CA 93036</td>
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<td></td>
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</tr>
<tr>
<td>Mobilize the Message LLC</td>
<td>PET</td>
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<td>18,500.00</td>
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<tr>
<td>490 Hanover Port Lane</td>
<td></td>
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</tr>
<tr>
<td>Fort Walton Beach, FL 32547</td>
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<td></td>
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<tr>
<td>The Colony at Mandalay Beach Owners' Association</td>
<td>MTG</td>
<td>Key for gate access to petitioner's rental unit</td>
<td>100.00</td>
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<tr>
<td>2101 Vina Del Mar</td>
<td></td>
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<tr>
<td>Oxnard, CA 93035</td>
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<tr>
<td>Tomas Cafe and Gallery</td>
<td>MTG</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>622 South A Street</td>
<td></td>
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<tr>
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<td>48HourPrint.com</td>
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<td>8000 Haskell Ave</td>
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<tr>
<td>Van Nuys, CA 91406</td>
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</table>

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

**SUBTOTAL $** 20,744.36
### Schedule F

#### Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/19</td>
<td></td>
</tr>
<tr>
<td>through 06/30/19</td>
<td></td>
</tr>
</tbody>
</table>

#### NAME OF FILER

Starr Coalition for Moving Oxnard Forward

#### I.D. NUMBER

1379154

#### CODES:

- 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
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- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
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- 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>Bell, McAndrews &amp; Hiltachk, LLP</th>
</tr>
</thead>
<tbody>
<tr>
<td>455 Capitol Mall, Suite 600</td>
</tr>
<tr>
<td>Sacramento, CA 95814</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
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<tbody>
<tr>
<td>PRO</td>
<td>0.00</td>
<td>10,172.76</td>
<td>6,715.17</td>
<td>3,457.59</td>
</tr>
</tbody>
</table>

**SUBTOTALS** $ 0.00 $ 10,172.76 $ 6,715.17 $ 3,457.59

### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ................................................................. **INCURRED TOTALS** $ 10,172.76

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ................................................................. **PAID TOTALS** $ 6,715.17

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ................................................................. **NET** $ 3,457.59

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

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Statement covers period from _______ through _______

NAME OF FILER
Starr Coalition for Moving Oxnard Forward

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Bell, McAndrews & Hiltachk, LLP

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>FND</td>
<td>fundraising events</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>t.v. 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>

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fees to publish legal notices</td>
<td>1,081.50</td>
</tr>
</tbody>
</table>

Tri-County Sentry
1200 N Ventura Rd #G
Oxnard, CA 93030

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 1,081.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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