

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp FILE IN SAN BENITO COUNTY MAR 21 2012	CALIFORNIA FORM 460 Page _____ of _____ For Official Use Only
--	--

Statement covers period from <u>3/8/12</u> through <u>3/22/12</u>	Date of election if applicable: (Month, Day, Year) <u>JUNE 5TH 2012</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

DEPUTY CLERK

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
NOT YET RECEIVED

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOTERS FOR MARK STARRITT

STREET ADDRESS (NO P.O. BOX)

505 TORRANO CT.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HOLLISTER</u>	<u>CA</u>	<u>95023</u>	<u>831-630-0569</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MARK STARRITT

MAILING ADDRESS

505 TORRANO CT.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>HOLLISTER</u>	<u>CA</u>	<u>95023</u>	<u>831-630-0569</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 3-21-12
Date

Executed on 3-21-12
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page _____ of _____	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MARK STARRITI

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
BOARD OF SUPERVISOR DISTRICT 1 SAN BENITO COUNTY

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
505 TORRANO CT HOLLISTER CA 95023

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 <u>VOTERS FOR MARK STARRITI</u>	I.D. NUMBER <u>PENDING</u>
NAME OF TREASURER <u>MARK STARRITI</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) <u>505 TORRANO CT</u>	
CITY STATE ZIP CODE AREA CODE/PHONE <u>HOLLISTER CA 95023 831-630-0569</u>	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary