**Recipient Committee**

**Campaign Statement**

**Cover Page**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/17</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 06/30/17</td>
<td></td>
</tr>
</tbody>
</table>

SEE INSTRUCTIONS ON REVERSE

**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 5)*

**2. Type of Statement:**

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  
  *(Also file a Form 410 Termination)*

- [ ] Amendment (Explain below)

**3. Committee Information**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/17</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 06/30/17</td>
<td></td>
</tr>
</tbody>
</table>

**I.D. 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 (IF DIFFERENT) NO. AND STREET OR P.O. BOX:**

**CITY**

CAMARILLO

**STATE**

CA

**ZIP CODE**

93010

**AREA CODE/PHONE**

(805) 377-2628

**NAME OF ASSISTANT TREASURER, IF ANY:**

**MAILING ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

**AREA CODE/PHONE:**

**OPTIONAL: FAX / E-MAIL ADDRESS:**

**Name(s) of Treasurer(s):**

- DESIREE GRIFFIN

**Address:**

1511 VIA LA SILVA

**City:**

CAMARILLO

**State:**

CA

**Zip Code:**

93010

**Phone:**

(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**

1/30/17

**Date**

**By**

signature of treasurer or assistant treasurer

**Executed on**

1/31/2017

**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

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.

COMMITTEE NAME
Oxnard Recall! Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Tim Flynn and Council Members Ramirez, Perello and Madrigal

I.D. NUMBER
1397803

NAME OF TREASURER
DESIREE GRIFFIN

CONTROLLED COMMITTEE?
☑ YES  ☐ NO

COMMITTEE ADDRESS
STREET ADDRESS (NO P.O. BOX)

2130 POSADA DRIVE

CITY  STATE  ZIP  AREA CODE/PHONE

OXNARD  CA  93030  (805) 404-8693

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

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

Attach continuation sheets if necessary

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.

COMMITTEE NAME
STARR COALITION FOR MOVING
OXNARD FORWARD
I.D. NUMBER
1379154

NAME OF TREASURER
STEVE KLINGER
CONTROLLED COMMITTEE?
☑ 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

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
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

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$-6,833.55</td>
<td>$33,166.45</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$-6,733.55</td>
<td>$33,266.45</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$-6,733.55</td>
<td>$33,266.45</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$3,299.08</td>
<td>$3,299.08</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$3,299.08</td>
<td>$3,299.08</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$3,299.08</td>
<td>$3,299.08</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$9,603.49</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$-6,733.55</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$429.14</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$3,299.08</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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).

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$33,166.45</td>
</tr>
</tbody>
</table>
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/17
through 06/30/17

CALIFORNIA FORM 460

Page 5 of 8

NAME OF FILER
AARON STARR FOR OXNARD CITY COUNCIL 2016

I.D. NUMBER
1367090

<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>05/19/17</td>
<td>JACK MC GRATH 764 OCEAN BREEZE DRIVE PT. HUENEME, CA 93041</td>
<td>□ IND</td>
<td>RETIRED</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
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<td></td>
<td>□ PTY</td>
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<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>□ IND</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
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<td>□ OTH</td>
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<td>□ PTY</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 100.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 100.00

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

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .......................... TOTAL $ 100.00

*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 B – Part 1
### Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AARON STARR FOR OXNARD CITY COUNCIL 2016

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<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 HAAS AUTOMATION</td>
<td>$40,000.00</td>
<td>$0</td>
<td>$33,166.45</td>
<td>0% PER ELECTION**</td>
<td>$10,000.00</td>
<td>CALENDAR YEAR</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>2130 POSADA DRIVE OXNARD, CA 93030</td>
<td>(Ending Balance Transferred to Aaron Starr for Oxnard City Council 2018 Committee)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>☑ PAID ☐ FORGIVEN</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>☑ PAID ☐ FORGIVEN</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ PAID ☐ FORGIVEN</td>
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</tr>
<tr>
<td></td>
<td>☑ PAID ☐ FORGIVEN</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $ 0.00 $ 6,833.55 $ 33,166.45 $ 0.00

**Schedule B Summary**

1. Loans received this period
   (Total Column (b) plus unitemized loans of less than $100.)
   $0

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.)
   $6,833.55

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 $ -6,833.55

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

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.*

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/17</td>
<td>06/30/17</td>
</tr>
<tr>
<td>Page 7 of 8</td>
<td>I.D. NUMBER 1367090</td>
</tr>
</tbody>
</table>

**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.

- 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>
| DESIREE GRIFFIN DBA TEAM BOOKKEEPING  
1511 VIA LA SILVA  
CAMARILLO, CA 93010 | PRO | 245.00 |
| FACEBOOK, INC  
1601 S CALIFORNIA ST  
PALO Alto, CA 94304 | WEB | 100.00 |
| NATIONBUILDER  
448 S. HILL STREET #200  
LOS ANGELES, CA 90013 | SOFTWARE | 2,862.43 |

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

**SUBTOTAL $** 3,207.43

---

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 3,207.43
2. Unitemized payments made this period of under $100 ......................................................................................... $ 91.65
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 $ 3,299.08

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

**Amounts may be rounded to whole dollars.**

**Statement covers period**

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/17</td>
<td>06/30/17</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

AARON STARR FOR OXNARD CITY COUNCIL 2016

**I.D. NUMBER**

1367090

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/27/17</td>
<td>CITY OF OXNARD 300 W. 3RD STREET OXNARD, CA 93030</td>
<td>REFUND OF FILING FEES</td>
<td>429.12</td>
</tr>
</tbody>
</table>

---

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $**

429.12

### Schedule I Summary

1. Itemized increases to cash this period. ................................................................. $ 429.12
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 $ 429.14