Recipient Committee
Campaign Statement
Cover Page

Statement covers period:
from 01/01/18
through 03/17/18

Date of election if applicable:
(Month, Day, Year)
05/01/18

1. Type of Recipient Committee:
- All Committees – Complete Parts 1, 2, 3, and 4.
  - Officeholder, Candidate Controlled 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)

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

3. Committee Information

I.D. NUMBER 1397788

Committee Name (Or Candidate's Name if No Committee): Aaron Starr For Oxnard Mayor 2018

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) 583-3337 StarrCPA@Gmail.COM

Treasurer(s)

Name of Treasurer: Desiree Griffin
Mailing Address: 1511 Via La Silva
Camarillo, CA 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:

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 3/21/18
Signed:

Executed on 3/21/18
Signed:

Executed on
Signed:

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 3/21/18
Signed:

Executed on 3/21/18
Signed:

Executed on
Signed:

Executed on
Signed:

FPIC Form 460 (Jan/2016)
FPIC Advice: advice@fpic.ca.gov (866/275-3772)
www.fpic.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICHHOLDER OR CANDIDATE

Aaron Starr

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City of Oxnard Mayor

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 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 OFFICHHOLDER, CANDIDATE, OR PROONENT

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 OFFICHHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICHHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICHHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICHHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary
## Contributions Received

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

## Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule F, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Add Lines 8 + 9 + 10</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<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.

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>$</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 1,700.00
2. Amount received this period – unitemized monetary contributions of less than $100 ........ $ 10.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................. TOTAL $ 1,710.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(Other than PTY or SCC)
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**

Amounts may be rounded to whole dollars.

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>01/01/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>through</td>
<td>03/17/18</td>
</tr>
</tbody>
</table>

**I.D. NUMBER**

| 1397788 |

---

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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>CALENDAR YEAR</th>
<th>CALENDAR YEAR</th>
<th>CALENDAR YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>Controller</td>
<td>Haas Automation</td>
<td>$39,166.45</td>
<td>$0.00</td>
<td>$39,166.45</td>
<td>$0.00</td>
<td>$10,000</td>
<td>1/30/14</td>
<td>PER ELECTION**</td>
<td></td>
</tr>
<tr>
<td>1 IND</td>
<td>0 COM</td>
<td>0 OTH</td>
<td>0 PTY</td>
<td>0 SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 IND</td>
<td>0 COM</td>
<td>0 OTH</td>
<td>0 PTY</td>
<td>0 SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 IND</td>
<td>0 COM</td>
<td>0 OTH</td>
<td>0 PTY</td>
<td>0 SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS**

| $0.00 | $39,166.45 |

---

**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.

---

**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**

**NAME OF FILER**
Aaron Starr for Oxnard Mayor 2018

**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</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Oxnard</td>
<td>FIL</td>
<td></td>
<td>1,600.00</td>
</tr>
<tr>
<td>305 West Third St</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Law Office of Chad D. Morgan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1101 California Ave. #100</td>
</tr>
<tr>
<td>Corona, CA 92881</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Oakland Group, Inc</td>
</tr>
<tr>
<td>686 S. Arroyo Parkway #24</td>
</tr>
<tr>
<td>Pasadena, CA 91105</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 3,186.88

---

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 3,186.88

2. Unitemized payments made this period of under $100 .......................................................... $ 62.55

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 $ 3,249.43

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/727-3772)
www.fppc.ca.gov
### Schedule I
#### Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/18 through 03/17/18</td>
<td>460</td>
</tr>
<tr>
<td>Page 7 of 7</td>
<td></td>
</tr>
</tbody>
</table>

#### NAME OF FILER
Aaron Starr for Oxnard Mayor 2018

#### I.D. NUMBER
1397788

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

#### Schedule I Summary

<table>
<thead>
<tr>
<th></th>
<th>SUBTOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Itemized increases to cash this period.</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>2. Unitemized increases to cash of under $100 this period.</td>
<td>$ 7.13</td>
</tr>
<tr>
<td>3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)</td>
<td>TOTAL $ 7.13</td>
</tr>
</tbody>
</table>