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:
☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 6)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 440 Termination)
☐ Amendment (Explain below)

Treasurer(s)

NAME OF TREASURER
Steve Klinger
MAILING ADDRESS:
790 Aloha Street
Camarillo CA 93010 (805) 910-8911

NAME OF ASSISTANT TREASURER, IF ANY
Desiree Griffin
MAILING ADDRESS:
1511 Via La Silva
Camarillo CA 93010 (805) 377-2628

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 STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030 (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

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

By ________________________________
Signature of Treasurer or Assistant Treasurer

Executed on 3/21/18

By ________________________________
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By ________________________________
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

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 OFFICERHOLDER OR CANDIDATE**
Aaron Starr

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**
Oxnard City Mayor 2018

**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**
Aaron Starr for Oxnard Mayor 2018

**ID NUMBER**
1397788

**NAME OF TREASURER**
Desiree Griffin

**CONTROLLED COMMITTEE?**
☑ YES ☐ NO

**COMMITTEE ADDRESS**
2130 Posada Drive

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

**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 OFFICERHOLDER, 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.

**COMMITTEE NAME**
Oxnard Recall

**ID NUMBER**
1397803

**NAME OF TREASURER**
Desiree Griffin

**CONTROLLED COMMITTEE?**
☑ YES ☐ NO

**COMMITTEE ADDRESS**
2130 Posada Drive

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

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**Oxnard CA 93030 (805) 404-8693**

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*Attach continuation sheets if necessary*

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 0.00 $ 0.00

2. Loans Received .................................................. Schedule B, Line 3 $ 0.00 $ 0.00

3. SUBTOTAL CASH CONTRIBUTIONS ........................... Add Lines 1 + 2 $ 0.00 $ 0.00

4. Nonmonetary Contributions ...................................... Schedule C, Line 3 $ 0.00 $ 0.00

5. TOTAL CONTRIBUTIONS RECEIVED ......................... Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 28.00 $ 28.00

7. Loans Made ........................................................ Schedule H, Line 3 $ 0.00 $ 0.00

8. SUBTOTAL CASH PAYMENTS ................................... Add Lines 6 + 7 $ 28.00 $ 28.00

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 $ 28.00 $ 28.00

### Current Cash Statement

12. Beginning Cash Balance ....................................... Previous Summary Page, Line 16 $ 639.13

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 $ 28.00

16. ENDING CASH BALANCE ....................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 611.13

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

17. LOAN GUARANTEES RECEIVED ................................ Schedule B, Part 2 $ 0.00

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**

- **Contributions Received**
  - 1/1 through 6/30
  - 7/1 to Date

- **Expenditures Made**

- **Expenditure Limit Summary for State Candidates**
  - **22. Cumulative Expenditures Made**
    - If Subject to Voluntary Expenditure Limit
    - Date of Election (mm/dd/yyyy)
    - Total to Date $ ...

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

**Loans Received**

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

Starr Coalition for Moving Oxnard Forward

**FILER I.D. NUMBER**

1379154

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE</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>$14500.00</td>
<td>$0.00</td>
<td>$14500.00</td>
<td>$0.00</td>
<td>$2500.00</td>
<td>08/18/15</td>
<td>CALENDAR YEAR</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>08/18/15</td>
<td>DATE INCURRED</td>
<td>PER ELECTION*</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>08/18/15</td>
<td>DATE INCURRED</td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>08/18/15</td>
<td>DATE INCURRED</td>
<td>PER ELECTION**</td>
</tr>
</tbody>
</table>

**SUBTOTALS** $0.00 $14500.00

**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

   (May be a negative number)

**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

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

Amounts may be rounded to whole dollars.

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

NAME OF FILER
Starr Coalition for Moving Oxnard Forward

T.D. NUMBER
1379154

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>
</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>

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

CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID
-----|----|------------------------|-------------

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

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ......................................................... $ 0.00
2. Unitemized payments made this period of under $100. ......................................................................................... $ 28.00
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 $ 28.00

FPPC Form 460 (Jan/2016)
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