Recipient Committee  
Campaign Statement  
Cover Page

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>Date of election if applicable: (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/18/18</td>
<td>05/01/18</td>
</tr>
<tr>
<td>through 04/14/18</td>
<td></td>
</tr>
</tbody>
</table>

1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall  
     (Also Complete Part 5)
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored  
     (Also Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Primarily Formed Candidate/Officeholder Committee  
     (Also Complete Part 7)
   - [ ] Quarterly Statement
   - [ ] Semi-annual Statement
   - [ ] Terminated Statement  
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

2. **Type of Statement:**
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Terminated Statement  
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER:** 1397803
   - **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):** Oxnard Recall! Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madragal
   - **STREET ADDRESS (NO P.O. BOX):** 2130 Posada Drive
   - **CITY:** Oxnard
   - **STATE:** CA
   - **ZIP CODE:** 93030
   - **AREA CODE/PHONE:** (805) 404-8693

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
     - [ ] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
     - [ ] Signature of Controlling Officerholder, Candidate, State Measure Proponent

   **Optional:**
   - **Fax:** (805) 583-3337  
     **StarrCPA@gmail.com**

   **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 City 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
Aaron Starr for Oxnard Mayor 2018
I.D. NUMBER 1397788

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
Oxnard Recall
BALLOT NO. OR LETTER JURISDICTION SUPPORT
Oxnard OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER
Aaron Starr
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
Oxnard Mayor

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

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

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>20,000.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>20,000.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>20,000.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>14,210.63</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>14,210.63</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>20,596.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>34,806.63</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</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.*

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made</td>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</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>

---

**FPPC Form 460 (Jan/2016)**  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
## Schedule B – Part 1
### Loans Received

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender (If Committee, also enter I.D. Number)</th>
<th>Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr&lt;br&gt;2130 Posada Drive&lt;br&gt;Oxnard, CA 93030&lt;br&gt;Controller&lt;br&gt;Haas Automation</td>
<td>$90,000&lt;br&gt;$20,000</td>
<td>$110,000</td>
<td>11%</td>
<td>$20,000</td>
<td>$0</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
</tbody>
</table>

### Schedule B Summary

1. Loans received this period: $20,000.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period: $0.00
   (Total Column (c) plus loans under $100 paid or forgiven.
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET $20,000.00
   Enter the net here and on the Summary Page, Column A, Line 2.

*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.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 03/18/18</td>
<td></td>
</tr>
<tr>
<td>through 04/14/18</td>
<td></td>
</tr>
<tr>
<td>Page 5 of 6</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td>1397803</td>
</tr>
</tbody>
</table>

**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)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton Marketing Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 W. Easy Street #2</td>
<td>LIT</td>
<td></td>
<td>14,051.13</td>
</tr>
<tr>
<td>Simi Valley, CA 93065</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Bookkeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1511 Via La Silva</td>
<td>PRO</td>
<td></td>
<td>159.50</td>
</tr>
<tr>
<td>Camarillo, CA 93010</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 14,210.63

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 14,210.63
2. Unitemized payments made this period of under $100 $ 0.00
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 $ 14,210.63

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)
www.ffpc.ca.gov
## Schedule F
### Accrued Expenses (Unpaid Bills)

**NAME OF FILER**
Oxnard Recall!

**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
- MTO meetings and appearances
- OFC office expenses
- PET petition circulating
- PhD 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)

### NAME AND ADDRESS OF CREDITOR
**NAME AND ADDRESS OF CREDITOR**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)</th>
<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>
</tr>
</thead>
</table>
| Hamilton Marketing  
70 W Easy Street #2  
Simi Valley, CA 93065 | LIT and POS | 0.00 | 26,913.01 | 14,051.13 | 12,861.88 |
| Western American Public Affairs, Inc  
342 W. Brookshire Ave  
Orange, CA 92865 | CNS | 0.00 | 7,734.12 | 0.00 | 7,734.12 |

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

| SUBTOTALS | 0.00 | $34,647.13 | $14,051.13 | $20,596.00 |

### 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 $** 34,647.13

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 $** 14,051.13

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 $** 20,596.00 (May be a negative number)

FPPC Form 460 (Jan/2016)  
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www.fppc.ca.gov