STATEMENT OF ECONOMIC INTERESTS

NAME OF FILER (LAST) AARON
(FIRST) STARR
(MIDDLE) BRIAN

1. Office, Agency, or Court
Agency Name: CITY OF OXNARD
Division, Board, Department, District, if applicable
Your Position: MAYOR

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of OXNARD
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of __________
☐ Other __________

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left ______/______/______
☐ or-
☐ The period covered is ______/______/______, through December 31, 2017.
☐ The period covered is ______/______/______, through the date of leaving office.
☐ Assuming Office: Date assumed ______/______/______

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2

Schedules attached
☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income - Gifts – schedule attached
☐ Schedule E - Income - Gifts - Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS: 2130 PONADA DRIVE, OXNARD CA 93030
STREET: (805) 583-3308
CITY: OXNARD
STATE: CA
ZIP CODE: 93030

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 08/06/2018
Signature: AARON STARR

(Rev. 03/01/17)
(Rev. 07/01/19)
# SCHEDULE C
**Income, Loans, & Business Positions**  
(Other than Gifts and Travel Payments)

## 1. INCOME RECEIVED

### NAME OF SOURCE OF INCOME

**HAAS AUTOMATION INC**

**ADDRESS (Business Address Acceptable)**  
1800 STURGIS RD, OXNARD, CA 93030

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
MANUFACTURER OF MACHINE TOOLS

**YOUR BUSINESS POSITION**  
CONTROLLER

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>No Income - Business Position Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**  
- Salary
- Spouse's or registered domestic partner's income  
  (For self-employed use Schedule A-2.)
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

- Sale of  
  (Real property, car, boat, etc.)
- Loan repayment
- Commission or Rental Income, list each source of $10,000 or more  
  (Describe)
- Other  
  (Describe)

## 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

### NAME OF LENDER*

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**HIGHEST BALANCE DURING REPORTING PERIOD**  
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**INTEREST RATE**  
%  
**TERM (Months/Years)**

**SECURITY FOR LOAN**  
- None  
- Personal residence  
- Real Property  
  Street address  
  City
- Guarantor  
- Other  
  (Describe)

### Comments:

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**FPCC Form 700 (2017/2018) Sch. C**  
**FPCC Advice Email: advice@fppc.ca.gov**  
**FPCC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov**