Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from ________ 04/15/18 ________
through ________ 06/30/18 ________

Date of election if applicable:
(Month, Day, Year)
2018 JUL 23 PM 2:08

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 5)
☑ 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
☐ Quarterly Statement
☐ Semi-annual Statement
☐ Special Odd-Year Report
☑ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Starr Coalition for Moving Oxnard Forward

I.D. NUMBER
1379154

STREET ADDRESS (NO P.O. BOX)
2130 Posada Drive

CITY
Oxnard
STATE
CA
ZIP CODE
93030

MAILING ADDRESS
790 Aloha Street

CITY
Camarillo
STATE
CA
ZIP CODE
93010

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY
Camarillo
STATE
CA
ZIP CODE
93010

MAILING ADDRESS
1511 Via La Silva

MAILING ADDRESS
1511 Via La Silva

CITY
Camarillo
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1511 Via La Silva

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

OPTIONAL: FAX/E-MAIL ADDRESS
Fax: (805) 583-3337  StanCPA@gmail.com

Treasurer(s)

NAME OF TREASURER
Steve Klinger
MAILING ADDRESS
790 Aloha Street

CITY
Camarillo
STATE
CA
ZIP CODE
93010
AREA CODE/PHONE
(805) 910-8911

NAME OF ASSISTANT TREASURER, IF ANY
Desiree Griffin
MAILING ADDRESS
1511 Via La Silva

CITY
Camarillo
STATE
CA
ZIP CODE
93010
AREA CODE/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 7/23/18
By
Signature of Treasurer/Recipient

Executed on 7/23/18
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on
By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on
By
Signature of Controlling Officeholder, 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)**

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

**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**

**BALLOT NO. OR LETTER JURISDICTION**

**☐ SUPPORT ☐ OPPOSE**

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER**

**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**

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Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>MONETARY CONTRIBUTIONS</strong></td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>LOANS RECEIVED</strong></td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>SUBTOTAL CASH CONTRIBUTIONS</strong></td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>NONMONETARY CONTRIBUTIONS</strong></td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td>Add Lines 8 + 9 + 10</td>
<td>$42.00</td>
</tr>
<tr>
<td><strong>PAYMENTS MADE</strong></td>
<td>Schedule E, Line 4</td>
<td>$42.00</td>
</tr>
<tr>
<td><strong>LOANS MADE</strong></td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>SUBTOTAL CASH PAYMENTS</strong></td>
<td>Add Lines 6 + 7</td>
<td>$42.00</td>
</tr>
<tr>
<td><strong>ACCURED EXPENSES (UNPAID BILLS)</strong></td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>NONMONETARY ADJUSTMENT</strong></td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING CASH BALANCE</strong></td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td><strong>CASH RECEIPTS</strong></td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS INCREASES TO CASH</strong></td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td><strong>CASH PAYMENTS</strong></td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td><strong>ENDING CASH BALANCE</strong></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></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH EQUIVALENTS</strong></td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td><strong>OUTSTANDING DEBTS</strong></td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 04/15/18
through 06/30/18

Page 4 of 5

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME OF FILER

Starr Coalition for Moving Oxnard Forward

I.D. NUMBER
1379154

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

Controller
Haas Automation

OUTSTANDING BALANCE BEGINNING THIS PERIOD
$ 14500.00

AMOUNT PAID OR FORGIVEN THIS PERIOD

$ 14500.00

INTEREST PAID THIS PERIOD

$ 2500.00

ORIGINAL AMOUNT OF LOAN

CALENDAR YEAR

PER ELECTION**

DATE DUE

08/18/15

DATE INCURRED

SUBTOTALS $ 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.) $ 0.00

(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 $ 0.00

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Starr Coalition for Moving Oxnard Forward

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 time 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 time 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>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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<tbody>
<tr>
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</tbody>
</table>

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

SUBTOTAL $ 0.00

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 .......................................................... $ 42.00
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 $ 42.00

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