Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/18
through 09/22/18

Date of election if applicable
(Month, Day, Year)

1. Type of Recipient Committee:

☐ Officerholder, Candidate Controlled Committee
☐ General Purpose Committee
☐ State Candidate Election Committee
☐ Sponsored
☐ Primarily Formed Ballot Measure Committee
☐ Small Contributor Committee
☐ Controlled
☐ Primarily Formed Candidate/Candidate Committee

☐ Primarily Formed Ballot Measure Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Controlled
☐ Primarily Formed Candidate/Candidate Committee

2. Type of Statement:

☐ Preliminary Statement
☐ Quarterly Statement
☐ Semi-annual Statement
☐ Special Odd-Year Report
☐ Amendment (Explain below)

☐ Termination Statement
(Also file a Form 410 Termination)

3. Committee Information

L.O. 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 Madrigal

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

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805) 404-8693

MAILING ADDRESS
1511 Via La Silva

CITY
Camarillo

STATE
CA

ZIP CODE
93010

AREA CODE/PHONE
(805) 377-2628

NAME OF TREASURER
Desiree Griffin

MAILING ADDRESS
1511 Via La Silva

CITY
Camarillo

STATE
CA

ZIP CODE
93010

AREA CODE/PHONE
(805) 377-2628

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

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.

By ____________________________
Signature of Treasurer or Committee Treasurer

Executed on 9/27/2018
Date

By ____________________________
Signature of Controlling Officerhood, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 9/27/2018
Date

By ____________________________
Signature of Controlling Officerhood, Candidate, State Measure Proponent

Executed on ____________________
Date

By ____________________________
Signature of Controlling Officerhood, Candidate, State Measure Proponent

Executed on ____________________
Date

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)

City of Oxnard 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 I.D. NUMBER

Aaron Starr for Oxnard Mayor 2018 1407622

NAME OF TREASURER CONTROLLED COMMITTEE?

Desiree Griffin 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

OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Committee Address: 2130 Posada Drive Oxnard, CA 93030 (805) 404-8693

Attach continuation sheets if necessary

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$234.00</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$234.00</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$234.00</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>$5,388.95</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>$234.00</td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>$5,154.95</td>
</tr>
</tbody>
</table>

*If this is a termination statement, Line 16 must be zero.*

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>19.</td>
<td>Outstanding Debts</td>
<td>$130,000.00</td>
</tr>
</tbody>
</table>

---

**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**
  - **7/1 to Date**

---

**Expenditure Limit Summary for State Candidates**

- **Cumulative Expenditures Made**
  - **(if subject to voluntary expenditure limit)**
  - **Date of Election (mm/dd/yy)**: 
  - **Total to Date**: $

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

---

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).
Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/18
through 09/22/18
Page 4 of 4

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
- RDF 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>Desiree Griffin</td>
<td>PRO</td>
<td></td>
<td>206.00</td>
</tr>
<tr>
<td>1511 Via La Silva</td>
<td></td>
<td></td>
<td></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 $ 206.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 206.00
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 $ 234.00

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