Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 09/23/18
through 10/20/18

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

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)
   □ General Purpose Committee
     □ Sponsored
     □ Small Contributor Committee
     □ Political Party/Central Committee
   □ Primarily Formed Ballot Measure Committee
   □ Controlled
     (Also Complete Part 6)
   □ Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   □ Pre-election Statement
   □ Semi-annual Statement
   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Termination 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 Madrigal

   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
   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.

   Executed on 10/24/2018
   Executed on 10/24/2018
   Executed on Date
   Executed on Date

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Aaron Starr</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City of Oxnard Mayor 2018</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</td>
<td>2130 Posada Drive Oxnard, CA 93030</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>Aaron Starr for Oxnard Mayor 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1407622</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>Desiree Griffin</td>
</tr>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td>☑ YES ☐ NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td>2130 Posada Drive</td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td>Oxnard CA 93030 (805) 404-8693</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE | Oxnard Recall |
| BALLOT NO. OR LETTER JURISDICTION | Oxnard |
| SUPPORT ☑ 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT ☐ OPPOSE ☑</td>
<td></td>
</tr>
<tr>
<td>SUPPORT ☐ OPPOSE ☑</td>
<td></td>
</tr>
<tr>
<td>SUPPORT ☐ OPPOSE ☑</td>
<td></td>
</tr>
</tbody>
</table>

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>Item</th>
<th>Column A TOTAL THIS PERIOD (FROM ALL SCHEDULES)</th>
<th>Column B CALENDAR YEAR TOTAL TO DATE</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$0.00</td>
<td>$8,050.00</td>
<td>1/1 through 6/30 7/1 to Date</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td>$130,000.00</td>
<td>20. Contributions Received</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0.00</td>
<td>$138,050.00</td>
<td>$</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
<td>21. Expenditures Made</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0.00</td>
<td>$138,050.00</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$14.00</td>
<td>$55,463.79</td>
<td>Expenditure Limit Summary for State Candidates</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
<td>Date of Election (mm/dd/yyyy)</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$14.00</td>
<td>$55,463.79</td>
<td>Total to Date</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$14.00</td>
<td>$55,463.79</td>
<td></td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$5,154.95</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$14.00</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$5,140.95</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$130,000.00</td>
<td></td>
</tr>
</tbody>
</table>

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

**SEEN INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

Oxnard Recall!

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Occupation</th>
<th>Employer</th>
<th>LOAN OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN This Period</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Starr</td>
<td>2130 Posada Drive, Oxnard, CA 93030</td>
<td>Controller</td>
<td>Haas Automation</td>
<td>$130,000</td>
<td>$130,000</td>
<td>$20,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IND**  
- [ ] IND
- [ ] COM
- [ ] OTH
- [ ] PTY
- [ ] SCC

**SUBTOTALS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$130,000</td>
</tr>
</tbody>
</table>

#### 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

*Amounts forgiven or paid by another party also must be reported on Schedule A.*

**IND**  
- [ ] IND
- [ ] COM
- [ ] OTH
- [ ] PTY
- [ ] SCC

**CALIFORNIA FORM 460**

**Statement covers period from 09/23/18 through 10/20/18**

**FPPC Form 460 (Jan/2016)**

**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)

**www.fppc.ca.gov**
**Schedule E Payments Made**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
<th>460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 09/23/18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>through 10/20/18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Oxnard Recall!

**LD. NUMBER**

1397803

**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)

<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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**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 ................................................................. $ 14.00
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 $ 14.00