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)
11/06/2018

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
☐ Pre-election Statement
☐ Quarterly Statement
☐ Semi-annual Statement
☐ Special Odd-Year Report
☐ Termination Statement
☐ Amendment (Explain below)

3. Committee Information
I.D. NUMBER
1379154

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

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

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
(805) 404-8693

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

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
(805) 404-8693

Treasurer(s)
NAME OF TREASURER
Steve Klinger
MAILING ADDRESS
780 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

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 _______
By ________________________________
Signature of Secretary or Assistant Treasurer

Executed on _______ 10/24/2018 _______
By ________________________________
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _______ Date _______
By ________________________________
Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on _______ Date _______
By ________________________________
Signature of Controlling Officer, 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

1407622

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 PROPOSENENT

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

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>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td>$14,500.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0.00</td>
<td>$14,500.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0.00</td>
<td>$14,500.00</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>$14.00</td>
<td>$268.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$14.00</td>
<td>$268.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$14.00</td>
<td>$268.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$395.13</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$14.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$381.13</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$14,500.00</td>
</tr>
</tbody>
</table>
### Schedule B - Part 1
#### Loans Received

**Starr Coalition for Moving Oxnard Forward**

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender</th>
<th>Occupation and Employer</th>
<th>Outstanding Balance Beginning This Period</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</td>
<td>Controller</td>
<td>$14,500</td>
<td>$0.00</td>
<td>$14,500</td>
<td>$2,500</td>
<td>CALENDAR YEAR</td>
<td></td>
</tr>
<tr>
<td>2130 Posada Drive, Oxnard, CA 93030</td>
<td>Haas Automation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION</td>
<td></td>
</tr>
</tbody>
</table>

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.

**If required.**
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period

from ______ 09/23/18 ______
through ______ 10/20/18 ______

Starr Coalition for Moving Oxnard Forward

NAME OF FILER

CALIFORNIA FORM 460

I.D. NUMBER
1379154

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)
PRC professional services (other)
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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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.

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 $ 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