

**Recipient Committee  
Campaign Statement  
Cover Page**

|   |                                |
|---|--------------------------------|
| Date Stamp<br><b>Received<br/>Oxnard City Clerk</b> | <b>CALIFORNIA<br/>FORM 460</b> |
| 2019 JAN 18 PM 2:06                                 | Page <u>1</u> of <u>5</u>      |
| For Official Use Only                               |                                |

|  |   |
|--|---|
| Statement covers period<br>from <u>10/21/18</u><br>through <u>12/31/18</u> | Date of election if applicable:<br>(Month, Day, Year) <u>11/06/2018</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |  |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small>                     | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input checked="" type="checkbox"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> 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          | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <b>Oxnard</b> | <b>CA</b> | <b>93030</b> | <b>(805) 404-8693</b> |

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**

**Treasurer(s)**

NAME OF TREASURER

**Steve Klinger**

MAILING ADDRESS

**790 Aloha Street**

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

NAME OF ASSISTANT TREASURER, IF ANY

**Desiree Griffin**

MAILING ADDRESS

**1511 Via La Silva**

|                  |           |              |                       |
|------------------|-----------|--------------|-----------------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <b>Camarillo</b> | <b>CA</b> | <b>93010</b> | <b>(805) 377-2628</b> |

OPTIONAL: FAX / E-MAIL ADDRESS

**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 01/15/2019  
Date

By   
Signature of Treasurer or Assistant Treasurer

Executed on 1/15/19  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

|                            |     |
|----------------------------|-----|
| <b>CALIFORNIA<br/>FORM</b> | 460 |
| Page <u>2</u> of <u>5</u>  |     |

**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                    | I.D. NUMBER |
| Aaron Starr for Oxnard Mayor 2018 | 1407622     |

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
| Desiree Griffin   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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  |

|  |             |
|--|-------------|
| COMMITTEE NAME   | I.D. NUMBER |
| Oxnard Recall! Starr Coalition for Moving Oxnard Forward by Supporting the Recall of Mayor Flynn and Council Members Ramirez, Perello and Madrigal | 1397803     |

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
| Desiree Griffin   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

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

|   |                     |
|---|---------------------|
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT |                     |
| 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>10/21/18</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/18</u>                         |                                |
| Page <u>3</u> of <u>5</u>                       | I.D. NUMBER<br><u>1379154</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Starr Coalition for Moving Oxnard Forward

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 2. Loans Received..... Schedule B, Line 3            | \$ <u>0.00</u>   | \$ <u>14,500.00</u>                        |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>0.00</u>   | \$ <u>14,500.00</u>                        |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>0.00</u>   | \$ <u>14,500.00</u>                        |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>136.50</u>   | \$ <u>394.50</u>                           |
| 7. Loans Made..... Schedule H, Line 3                      | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>136.50</u>   | \$ <u>394.50</u>                           |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>136.50</u>   | \$ <u>394.50</u>                           |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                  |
|--|------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ <u>381.13</u> |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ <u>0.00</u>   |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ <u>0.00</u>   |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ <u>136.50</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>244.63</u> |

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).

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

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

|  |                |
|--|----------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0.00</u> |
|--|----------------|

**Cash Equivalents and Outstanding Debts**

|  |                     |
|--|---------------------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ _____            |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>14,500.00</u> |

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

|                         |          |                            |
|-------------------------|----------|----------------------------|
| Statement covers period |          | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/21/18 |                            |
| through                 | 12/31/18 | Page <u>4</u> of <u>5</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Starr Coalition for Moving Oxnard Forward

I.D. NUMBER

1379154

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN            | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE     |
|---|--|--|------------------------------------|--|--|----------------------------------|---|---|
| Aaron Starr<br>2130 Posada Drive<br>Oxnard, CA 93030<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Controller<br>Haas Automation  | \$ 14,500  | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 14,500<br><br>DATE DUE _____                    | _____%<br>RATE<br>\$ _____       | \$ 2,500<br><br>08/18/15<br>DATE INCURRED | CALENDAR YEAR _____<br>PER ELECTION** _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____       | CALENDAR YEAR _____<br>PER ELECTION** _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____       | CALENDAR YEAR _____<br>PER ELECTION** _____ |
| <b>SUBTOTALS \$</b>   |  |  | <b>0 \$</b>                        |  | <b>\$ 14,500 \$</b>                                |                                  |   |   |

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*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                   |          | <b>CALIFORNIA FORM 460</b> |
| from                                      | 10/21/18 |                            |
| through                                   | 12/31/18 | Page <u>5</u> of <u>5</u>  |
| NAME OF FILER                             |          | I.D. NUMBER                |
| Starr Coalition for Moving Oxnard Forward |          | 1379154                    |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

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

**SUBTOTAL \$**

**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   | \$              | 136.50 |
| 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.) | <b>TOTAL \$</b> | 136.50 |